

Integrating Reproductive Health Into NGO Programs

PIR

The Performance Improvement Review
Package: A Quality Assurance Tool
for Community Based Programs



Family Planning
Service Expansion
and Technical Support

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The goal of the Family Planning Service Expansion and Technical Support (SEATS) Project is to expand access to and use of high-quality, sustainable family planning and reproductive health services.

John Snow, Inc. (JSI), an international public health management consulting firm, heads a group of organizations implementing the SEATS Project. These include the American College of Nurse-Midwives (ACNM), AVSC International, Initiatives Inc., the Program for Appropriate Technology in Health (PATH), World Education, and partner organizations in each country where SEATS is active.

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Please send comments to initiatives@att.net

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List of Acronyms

CASP	Community AID Sponsorship Project
CPR	Contraceptive Prevalence Rate
CYP	Couple-Years of Protection
LAM	Lactational Ammenorrhea
NFP	Natural Family Planning
NGO	Non-Governmental Organization
PIR	Performance Improvement Review Package
RHII	Reproductive Health Integration Initiative
SEATS	Family Planning Service Expansion and Technical Assistance Project
WRA	Women of Reproductive Age
WV	World Vision

Preface

The Performance Improvement Review (PIR) Package is an outgrowth of the USAID-funded SEATS Project (Family Planning Service Expansion and Technical Assistance Project). SEATS, implemented from 1991-1999, was intended to expand and improve delivery of reproductive health services by providing guidance for non-government organizations (NGOs) on the integration of family planning and other reproductive health services into their program portfolios. Initiatives, Inc., the SEATS partner responsible for implementation of the Reproductive Health Integration Initiative (RHII), developed the following tools to assist NGOs in the integration process:

Integrating Reproductive Health into NGO Programs

Volume I: Family Planning

Volume I: Family Planning Trainer's Guide

Volume II: Safer Motherhood for Communities

The Performance Improvement Review Package (PIR): A Quality Assurance Tool for Community-Based Family Planning Programs

The PIR Concept

PIR was designed to provide organizations that are integrating community-based reproductive health programs with a process to help them monitor the quality of care offered. In PIR, quality is viewed as a reflection of management and support systems, technical competence, community involvement and client satisfaction. PIR is a rapid, biannual self-assessment process that enables an organization to obtain a comprehensive picture of the current program, identify weaknesses, and make competent decisions to improve services.

Sustaining Results

To be most effective, PIR requires a dedicated NGO review team that should include relevant partners and community members. An experienced PIR facilitator can assist an organization conducting its first review. Review teams monitor their programs by collecting data on systems, processes, and client and staff satisfaction. In PIR, the analysis of the data can be presented qualitatively or by scoring; a graphic picture of performance can also supplement the analysis. In either situation, it is important to remember that monitoring is only the first step. The vital task is to use the results to improve performance. Successful programs integrate monitoring into routine activities to increase quality and, therefore, effectiveness.

Handbook Usage

The handbook contains the guidance and tools necessary to conduct the review and analyze the results. The following table will assist you in finding the appropriate forms in it:

Steps	Handbook Guidance	Worksheets/Instruments	Annex
Step 1: Planning	Pages 1-5	Instruments 1-8	1: PIR Conceptual Framework
Step 2: Data Collection	Pages 7-11	Instruments 1-8	2: Clinic Visit 3: Conducting Interviews and Observations
Step 3: Data Analysis	Pages 13-21	Worksheet 1: Scoring Instruments Worksheet 2: Compiling Scores Worksheet 3: Calculating Quantitative Results Worksheet 4: Graphing Results	4: Guidance for Scoring Instruments
Step 4: Preparing a Performance Improvement Plan	Pages 23-24	Worksheet 5: Creating a Performance Improvement Plan	

In addition, for those with computer capability, a diskette containing the files for all instruments and a computer program to assist in preparing a graph of program performance has been included.

For more information on PIR, to provide feedback on its usage, or for assistance in finding qualified facilitators, please contact:



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The Performance Improvement Review Package

Introduction

As a greater number of NGOs develop programs to provide family planning services at the community level, they encounter new and challenging issues related to program quality, sustainability, management, and community participation. The purpose of PIR is to provide organizations that are integrating community-based family planning programs into their portfolios with the tools and guidance needed to conduct rapid, effective and self-directed program reviews; to identify key problems inhibiting program success; and to develop performance improvement plans to address those problems. The PIR package includes a conceptual framework, guidance for implementing a review, data collection instruments, and guidance for reporting results.

Quality assurance is a process that develops and maintains high-quality services with the involvement, commitment, and cooperation of staff and partners. It focuses on achieving desired health outcomes and ensuring client satisfaction in a cost-effective manner. Effective quality assurance starts with a clear and shared understanding of program objectives and a plan for routine measurement of progress. PIR provides quality assurance and includes tools for measuring progress.

PIR is tied to the six steps presented in the handbook *Integrating Reproductive Health into NGO Programs, Volume I: Family Planning*¹. By providing tools and guidance, PIR takes organizations beyond the initial phases of planning and implementing family planning programs to the processes of managing, sustaining, monitoring, and improving them. The PIR package is designed especially for community-based family planning programs but can be adapted for use in other community-based programs such as safe motherhood initiatives.

The PIR process has other advantages for NGOs as it strengthens the following:

- Staff working teams
- Organizational capacity to solve problems
- Understanding of the criteria for “quality” programs
- Awareness of client and staff needs and expectations
- Effective relationships with partners
- Knowledge and technical competence

¹ Lyons, J.V. and Huddart, J.A., 1997 2nd Edition, *Integrating Reproductive Health into NGO Programs, Volume I: Family Planning*, Boston: Initiatives, Inc., SEATS

The PIR Conceptual Framework

Successful programs have six key elements in common:

- Strong management and organization;
- A consistent and complete supply system;
- Sustainability;
- High-quality services;
- Support, participation, and dedication from the community;
- Robust, measurable results.

The PIR conceptual framework embodies all of these essential elements as defined below. In addition, the conceptual framework provides the foundation for the PIR review instruments and ensures that all factors contributing to program success are addressed. (See Annex 1 for a complete description of the conceptual framework)

- *Management and Organization* refers to the capacity of an organization to provide the proper structure to effectively staff, finance, plan, and implement an integrated family planning program.
- *Supply System* covers the information necessary to maintain effective commodity support including consistent stocks and distribution, adequate storage, and acceptable methods for calculating needs.
- *Sustainability* is a result of good partnerships, comprehensive plans, strong financial systems, community promotion, and client satisfaction.
- *Quality of Service* requires proficiency in family planning counseling skills, technical competence, supervision, referral systems, and client satisfaction and the ability of the organization to monitor and maintain high performance levels.
- *Community Commitment* measures the community's contact with NGO staff, its role in decision making about the family planning project, and its knowledge of family planning.
- *Results* address critical quantitative measures of program success e.g. client follow-up, effective referral, and couple-years of protection (CYP) achieved.

The PIR Instruments

The following set of eight data collection instruments makes up the information-gathering component of the Performance Improvement Review Package. The instruments cover the entire scope of an integrated project from internal management issues to client and community experience and opinions. In all, the instruments are designed to provide a broad "snapshot" of program performance at all levels.

PIR Instruments

Instrument 1:	Record Review	Initial Visit	Follow-up Visit
Instrument 2:	Manager Interview	Initial Visit	Follow-up Visit
Instrument 3:	Supervisor Interview	Initial Visit	Follow-up Visit
Instrument 4:	Community Interview	One copy For All Visits	
Instrument 5:	Service Provider Interview	Initial Visit	Follow-up Visit
Instrument 6:	Client Interview	One copy For All Visits	
Instrument 7:	Service Provider-New Client Observation	One copy For All Visits	
Instrument 8:	Service Provider-Continuing Client Observation	One copy For All Visits	

The PIR Process

PIR steers organizations through a four-step self-assessment process that enables them to gather information from program staff and clients and to analyze and interpret this information in order to assess the strengths and weaknesses of the program. Data collection, analysis, and decision making are carried out in a participatory fashion, including partners where applicable, to define appropriate program improvement strategies. The monitoring and review exercise guided by PIR assists organizations currently implementing community-based, integrated reproductive health (RH) programs to systematically monitor management and implementation, to diagnose problems, and to initiate changes that improve the quality and sustainability of those programs. Consistent monitoring and charting of results with PIR enables organizations to view program progress over time.

The PIR approach to project monitoring encompasses the following four steps:

Step 1: Planning. During this phase, the monitoring team gathers to discuss the schedule, tasks, purpose, and logistics of the data collection exercise, as well as to review, adapt, and translate the instruments as needed. Typically, the program manager or supervisor organizes the review. Preparation includes the following: scheduling the monitoring exercise with service providers, partners, and the community; creating a budget; assembling the monitoring team; and conducting the monitoring team planning meeting.

Step 2: Data Collection. At this point, the team uses the PIR instruments to guide interviews, observations, and record reviews in order to assess basic knowledge and to obtain the views of managers, providers, and clients. Guided observations measure performance against expectations to provide concrete evidence of competence and quality of services. The record review adds valuable information about program structure, financial management, and sustainability and about how management, supervisors, and service providers use and share information. A supplemental guide for clinic visits helps organizations to assess partner facilities and services and to evaluate their referral systems. (see Annex 2)

Step 3: Data Analysis. The team gathers to review data. Data analysis includes identifying problems to help construct improvement plans. It also entails translating the qualitative data in each instrument into number ratings. In PIR, this translation is called scoring. In addition to scoring instruments, the team analyzes data by compiling quantitative results, by discussing problems, and by preparing a graphic presentation of program performance.

Step 4: Preparing a Performance Improvement Plan. In a summary meeting, the team reviews results, writes plans for addressing problems and improving program quality, and determines assignments for specific tasks. The summary meeting is a forum for continuing education. Its effectiveness increases when key stakeholders such as service providers, community representatives, and other partners attend.

Using the PIR Package

While PIR instruments can be adapted to suit different programs, the integrity of PIR methodology should be maintained in order for the process to be effective. Nonetheless, some organizations may want to use PIR to guide faster assessments. Such an abbreviated review would follow steps 1 and 2 thoroughly using all the data collection instruments. However in step 3, an abbreviated review would concentrate only on identifying problems and developing an appropriate, corrective action plan and would eliminate the steps of scoring and graphing results.

STEP 1: Planning

Scheduling and Timing

In established programs, monitoring is usually conducted at six-month intervals. It is essential that organizational and individual work plans reflect the time required for this activity.

PIR takes approximately three to five days to complete depending on the geographic and logistical circumstances of the project area. Organizations working within smaller geographic areas, for example, need less time than those that have to travel long distances to conduct interviews and observations. Also, as the organization becomes more experienced, reviews will take less time. Service providers, partners, and communities need to be prepared well in advance of the planned review, and they should be involved in deciding on the dates and times of monitoring activities.

When planning a review, take the following issues into consideration:

- **Time of Year:** Choose a time when service providers won't have competing responsibilities such as agricultural activities and when seasonal conditions will be favorable.
- **Partners' Schedules:** Effective reviews are conducted in collaboration with program partners such as referral site staff, clinic nurses or representatives from government health services. Consult implementing partners when planning a review and obtain their commitment to participate in the activity at the time agreed upon.
- **Administrative Concerns:** Avoid planning the review when your organization is also conducting other important activities such as internal audits or when it is attempting to meet deadlines for other programs. Full involvement of managers and supervisors is essential for a successful review.

Program Review Schedule			
Day 1	Day 2	Day 3	Day 4
AM <ul style="list-style-type: none"> • Planning Meeting • Manager Interview • Supervisor Interview • Record Review 	AM <ul style="list-style-type: none"> • Client Interviews 	AM <ul style="list-style-type: none"> • Provider-Client Observations Continued 	AM <ul style="list-style-type: none"> • Clinic Visits • Data Analysis & Charting of Results
PM <ul style="list-style-type: none"> • Service Provider Interviews 	PM <ul style="list-style-type: none"> • Service Provider–Client Observations • Discussion of Findings and Issues 	PM <ul style="list-style-type: none"> • Community Interviews 	PM <ul style="list-style-type: none"> • Summary Meeting & Creation of Action Plan

Selecting the Data Collection Team

Ideally, the Performance Improvement Review involves representatives from the implementing organization and their partners, particularly where partners play an important collaborative role. Typically, the program manager or supervisor organizes the review and selects the data collection team. The composition and preparation of the data collection team is critical to a successful review. Team members representing the program should include the manager, supervisor(s), and, depending on the structure of the program, other staff involved in reproductive health service delivery such as nurses and community outreach workers as well as a representative from the NGO country office. Some organizations may wish to include a board member. Government partners could, for example, contribute district managers, reproductive health coordinators, and referral center nurses to the team. Some organizations may also want to include a community representative on the review team. Since most interviews and observations are conducted in local languages, team members should be fluent in the language needed to collect data.

Preparing the Team

For the first review, it is helpful to have an experienced facilitator assist the team through the PIR process as many team members may be inexperienced in program assessment and data collection. To prepare for data collection, team members should meet and address the following topics: the purpose of conducting PIR; the essential elements of quality service delivery; the data collection process, including appropriate interviewing and observation techniques; and how the information gathered will be used. (Data collection techniques are summarized in Annex 3.) The meeting is also an important forum for reviewing and discussing instrument questions. Team members should take time to agree on translations of selected interview questions and concepts.

Budgeting for the Review

Include program monitoring in the project's annual work plan, and integrate monitoring costs into the budget. Although costs will vary in different programs and countries, internal program monitoring expenses should be relatively small and should have minimal impact on project funds. When constructing a budget for a monitoring activity, consider the following issues:

- **Transportation:** Budget for expenses associated with traveling to communities for interviews, observations, and community meetings.
- **Facilities:** A monitoring exercise culminates in a summary meeting in which management, partners, and service providers meet to share results of the monitoring exercise. Plan for the following expenditures: refreshments, writing supplies, flip charts, and, if necessary, renting a meeting site.
- **Per Diem:** In some countries, it is customary to offer per diem to representatives from partner organizations that participate in the monitoring process. Research local rates and include these costs in your budget.
- **Materials:** You will need to make copies of data collection instruments. Estimate these costs and factor them into your monitoring budget.

Preparing Materials

The Performance Improvement Review Package includes all the materials needed to monitor a program: eight data collection instruments, one set for initial monitoring and a set of follow-up instruments for subsequent reviews; guidance; tools; and worksheets for data analysis and performance improvement plans. It is important that you review these materials well in advance in order to plan your program review.

- **Translation:** The instruments are written in English. Although family planning programs often serve areas in which the local language is not English, test studies of PIR show that formal translation and reprinting has not been necessary. Instead, the data collection team discusses each interview question and reaches agreement on the correct translation. Team members should focus on the meaning of the questions since literal, word-for-word translation is often awkward and sometimes does not carry the same meaning. Agreed upon translations should be noted on the questionnaire and reproduced for team usage and for future reviews.
- **Reproduction:** Photocopy enough instruments, guidance, and worksheets to distribute to team members, and prepare a few extras for emergencies.

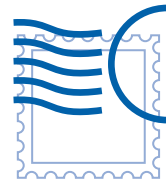
Adapting Instruments

Projects work in different ways in different contexts. The review process and the instruments have been designed to document the progress of a community-based family planning project. As such, the instruments are usually appropriate and sufficient for most community-based programs. Experience indicates that major revisions are needed only when a program has a design element not addressed by the instruments. Some minor changes that may be needed are presented below.

- **Editing:** Organizations may need to edit the instruments to reflect local usage.
- **Adding:** Occasionally, organizations prepare additional instruments or questions to suit particular program needs. In these instances, the organization should decide whether the additions are purely informative or if they are to be scored and should prepare scoring guidance accordingly.

- **Deleting:** Eliminate questions only after careful consideration. The instruments are designed to measure the quality of a program. Each question addresses an element that successful programs should include or an issue the program should consider. For example, if your organization does not have a written set of goals, do not eliminate the question about goals from the record review instrument. Goals are crucial, and your organization should have them clearly stated in writing.

Experience From the Field



Adapting Instruments

The Kunzwana Women's Association in Zimbabwe works with employees on commercial farms. The organization wanted to find out more about owners' attitudes and willingness to promote family planning on their farms. The organization used "Instrument 4: Community Interview" to gather information from farm workers. This instrument was also adapted for individual interviews with the farm owners. While the new instrument was not scored, the information collected provided project management with important knowledge about farm owners' willingness to support service providers on their farms.

STEP 2: Collecting Data

PIR data collection is designed to be quick and practical. Most instruments can be completed in an hour. All instruments should be read through, translated and, if necessary, adapted in advance. It is helpful to hold interviews in a private area with water and refreshments available if possible. The atmosphere should be relaxed to enable the interviewee to feel comfortable responding. Table 1 provides the following information about each data collection instrument: the objective; how long it should take to implement; how to prepare for the interview, observation, or review; and how to use the instrument.

Table 1: Using Data Collection Instruments

Instrument	Objectives	Preparation
<p>Instrument 1: Record Review Estimated Time: 2 hours Reviewer: program manager, representative of NGO National office.</p> <p>This instrument is primarily a checklist that follows the handbook <i>Integrating Reproductive Health into NGO Programs, Volume I: Family Planning</i>. The aim of the instrument is to establish a baseline from which to assess the success of the integration project after the planning phase.</p>	<ol style="list-style-type: none"> 1. Verify that project objectives are clear and appropriate. 2. Assess the plan for sustainability. 3. Examine community involvement in planning. 4. Evaluate the plan for maintaining service delivery quality. 5. Review plans for storage and supply systems. 6. Assess the adequacy of financial and reporting systems. 7. Confirm plans for essential record keeping. 	<p>Collect as many records as possible including the following: financial statements, job descriptions, project proposals, evaluations, client records, community records, supervisor records, stock records, quarterly reports, documentation of formal or informal associations with other agencies, etc.</p>
<p>Instrument 2: Manager Interview Estimated Time: 1 hour Reviewer: Representative from NGO country office, or board member.</p> <p>This instrument is designed to assess the management capacity of the organization offering an integrated program. The interview is structured to determine management quality, program status, and improvement based on the manager's understanding of project integration, logistics, human resources management, and financial administration.</p>	<ol style="list-style-type: none"> 1. Verify that NGO leadership is appropriately organized to manage the following: <ol style="list-style-type: none"> a. Staff supervision b. Service delivery c. Contraceptive supplies d. Project finances. 	<p>Agree on a convenient time and location for the interview. Arrange for privacy.</p>
<p>Instrument 3: Supervisor Interview Estimated Time: 1 hour Reviewer: Project manager, representative of the NGO country office</p> <p>The interview is designed to assess supervisory capabilities and needs and to evaluate family planning service delivery.</p>	<ol style="list-style-type: none"> 1. Assess the training and qualifications of supervisors. 2. Monitor staff involvement in program review planning. 3. Identify obstacles experienced by supervisors to delivering family planning services 	<p>Agree on a convenient time and location for the interview. Arrange for privacy.</p>

Table 1: Using Data Collection Instruments (page 2)

Instrument	Objectives	Preparation
<p>Instrument 4: Community Interview</p> <p>Estimated Time: 1–2 hours</p> <p>Reviewer: At least two members of the data collection team.</p> <p>This instrument seeks to document community involvement in the family planning project. It also records community views about family planning and assesses community needs and desires with regard to family planning. Together with client interviews, this instrument aims to bring to light community opinions and concerns about family planning.</p>	<ol style="list-style-type: none"> 1. Measure the attitudes of community leaders and members toward family planning activities. 2. Assess community members' knowledge of family planning. 3. Evaluate community involvement in support of family planning initiatives. 4. Identify obstacles to family planning at the community level. 5. Gain insight into the impact of family planning on local communities. 	<ol style="list-style-type: none"> 1 Arrange a meeting with the community in advance and set a date, time, and place for the meeting. Reconfirm the meeting twice, if possible. 2 Arrange for at least two people to monitor the interview. One person should direct the interview itself while a second person takes notes and fills out the interview sheet.
<p>Instrument 5: Service Provider Interview</p> <p>Estimated Time: 1 hour</p> <p>Reviewer: project manager, representatives from NGO country office, health center, and government health service. <i>The supervisor should not conduct these interviews.</i></p> <p>The interview assesses the knowledge and experience of service providers in order to evaluate their skills and the overall quality of service delivery.</p>	<ol style="list-style-type: none"> 1. Assess the training and qualifications of staff delivering family planning services. 2. Monitor staff involvement in program review and planning. 3. Identify obstacles experienced by service providers to delivering family planning services. 	<p>See following section on sampling guidance to determine the minimum number of interviewees for instruments 5-8.</p>

Table 1: Using Data Collection Instruments (page 3)

Instrument	Objectives	Preparation
<p>Instrument 6: Client Interview Estimated Time: 45 minutes – 1 hour Reviewer: A technically qualified member of the team. <i>The supervisor should not conduct these interviews.</i></p> <p>The client interview records information about client knowledge of family planning and evaluates the quality of service delivery and information dissemination in local communities.</p>	<ol style="list-style-type: none"> 1. Measure clients' knowledge of and attitudes toward family planning. 2. Evaluate the use and availability of family planning services in the community. 3. Assess the quality of services. 	<ol style="list-style-type: none"> 1. Clients should be identified and informed of the reason for the interview and should give their approval prior to the interview. 2. Clients should be interviewed individually and privately. The service provider should not participate in the interview.
<p>Instrument 7: Service Provider-New Client Observation and Instrument 8: Service Provider — Continuing Client Observation Estimated Time: 1 hour Reviewer: A technically qualified member of the team. <i>The supervisor should not be part of the observation team.</i></p> <p>These instruments are quick check-off sheets of important points that should be covered in client-provider consultations. Observing the client-provider interaction complements client and service provider interviews and helps the evaluation team gain a better understanding of the strengths and weaknesses of service delivery. This observation enables the team to identify specific performance problems and training needs, and provides an opportunity to assess the quality of services.</p>	<ol style="list-style-type: none"> 1. Assess the overall quality of service delivery. 2. Identify obstacles to effective service delivery. 3. Identify strengths and weaknesses of family planning service delivery. 4. Verify that service providers clearly and accurately deliver family planning information and that client concerns are addressed. 	<ol style="list-style-type: none"> 1. Together, supervisors and service providers should arrange for observations of consultations between service providers and clients. 2. If possible, supervisors should not be observers. 3. Review the goals and objectives of the observation with the service provider before the consultation.

Guidance on Sampling

The goal of PIR is to provide a rapid and practical strategy for assessing program performance at all levels. To accomplish this, PIR interviews and observes small samples of randomly selected subjects. Sample size should be based on feasibility, the number of service providers, and the number of clients served in the program. In general, the following scheme has proven effective during PIR field tests.

Number of Service Providers	<30	30–100	>100
Interviews: Service Providers	7	10	15
Interviews: Continuing Clients	7	10	15
Observations: New Clients	7	10	15
Observations: Continuing Clients	7	10	15

During repeat reviews, PIR teams should attempt to interview and observe persons not previously involved. Over time, all service providers should be interviewed and observed in counseling during at least one and preferably more than one review.

Client samples should be selected randomly. Three clients should be selected for interview and observation from each service provider participating in the review:

- Use the service provider record book to select a continuing client for interviewing (instrument 6)
- Use the potential client list to select a new client for observation (instrument 7)
- Use the service provider record book to select a continuing client for observation (instrument 8)

Conducting Clinic Visits (optional)

During the data collection process, it is also helpful to conduct clinic visits at referral sites. Clinic visits are a useful way of gathering information about referral systems and the services offered at referral clinics. Since most clients are referred to a clinic for services at some point – whether for a physical, for contraception, or for treatment for an illness – having a strong partnership with the referral clinic is important for the quality and success of the program. “Annex 2: Clinic Visit Guide” provides information about preparing clinic visits, what to look for, and to whom to talk.



3: Analyzing Data

The Conceptual Framework

As mentioned previously, successful programs share the following traits. They have strong management and organization and a consistent and complete supply system. They are sustainable, they deliver high-quality services and they enjoy support, participation, and dedication from the community. They also have strong, measurable results. The PIR conceptual framework as described in Annex 1 embodies all of these essential management and service delivery elements. It is the foundation for the PIR instruments and ensures that all factors contributing to program success are addressed. Each section of every instrument contributes information about the status of one or more of these elements.

The PIR conceptual framework supports the collection and analysis of both qualitative and quantitative data to develop a comprehensive picture of program status. A scoring system has been devised to translate qualitative information into measurable units. Guidance is provided for calculating and rating the quantitative performance indicators.

Analysis is done in three steps:

- Analysis of Qualitative Data: "Worksheet 1: Scoring Instruments"
- Analysis of Quantitative Data: "Worksheet 2: Compiling Scores"
- Data Presentation: "Worksheet 3: Calculating Quantitative Results"
"Worksheet 4: Graphing Results"

Qualitative Data

The PIR interview and observation instruments gather qualitative data that record impressions, attitudes, experiences, or beliefs. These data provide valuable information about the following program aspects, all of which affect program success: the status of the program; the quality of services provided; client satisfaction, apprehensions, or misconceptions; and community attitudes. Although qualitative data are not number based, they can be translated into measurable units.

Analyzing Instruments: Data analysis is accomplished through a process of scoring instrument sections, identifying program problems, and recording the information on Worksheet 1. The data collection team works together to read over instruments, to record problems, and to score the data.

- **Scoring Instruments 1–8:** Annex 4 contains detailed guidance for scoring instruments including definitions of perfect scores for each section of each instrument (initial and follow-up). Using this guidance, the review team rates each section on a scale of 1 to 5, with 5 equaling a perfect score and 1 representing a poor score. Worksheet 1 is provided for team members to record individual results and to calculate average scores.
- **Recording Problems:** The identification and recording of problems is a crucial step in creating an improvement plan and is, therefore, essential for program success. While scoring each instrument, team members list problems as they emerge. Consistently poor answers to interview questions or poor performance should be noted in the problem list in the space provided on Worksheet 1.

Scoring Instruments

After three days of conducting interviews and observations, the data collection team from the “Integrated Family Planning Project” sat down to score the instruments and record problems. Below is an example of what one scorer faced and how she determined a score and recorded problems using Instrument 7: “Service Provider—New Client Observation”.

7A. Counseling at Session Opening

- 1) At the beginning of the consultation, did the service provider:
- a) Greet the client? Yes ☒ No ☐
 - b) Treat the client respectfully? Yes ☒ No ☐
 - c) Arrange for privacy? Yes ☒ No ☐
- 2) Did the service provider ask the client:
- a) If she is breastfeeding? Yes ☐ No ☒
 - b) If he or she has a history of high blood pressure? Yes ☐ No ☒
 - c) Whether he or she has a regular partner? Yes ☐ No ☒
 - d) What his or her future childbearing plans are? Yes ☒ No ☐
 - e) What family planning methods he or she knew of or used? Yes ☐ No ☒
 - f) About his or her interest in a particular family planning method? Yes ☐ No ☒
- 3) During the consultation, did the service provider:
- a) Discuss the client’s health? Yes ☐ No ☒
 - b) Acknowledge and respond to the client’s concerns? Yes ☒ No ☐
 - c) Clarify any misinformation the client may have had about FP? Yes ☒ No ☐

The team member used the guidance in Annex 4 (Page 58-59) to help her rate the section. The guidance noted that in order to achieve a score of 5, the service provider needed to fulfill all categories in section 7A:

- the service provider greets the client, treats him or her respectfully, and arranges for privacy;
- the service provider asks all the questions listed in question 2; and
- the service provider discusses the client’s health, acknowledges and responds to client concerns, and clarifies the client’s misunderstandings about family planning, if any.

The team member scoring these data gave the section a score of 2 and recorded the rating on “Worksheet 1: Scoring Instruments.” The scorer gave this low rating because the items not addressed were extremely important.

On the same worksheet the team member noted the problems:

Instrument and Section	Problem/Issue
Instrument 7: Service Provider— New Client Observation 7A. Counseling at Session Opening	<ul style="list-style-type: none"> • Service Provider does not adequately discuss issues related to client’s health. • Service Provider does not inquire about future childbearing plans • Service Provider does not assess client knowledge of family planning methods or interest in methods.

As the team member scored the remainder of the instrument, she continued to record additional problems and mark recurring ones on Worksheet 1.

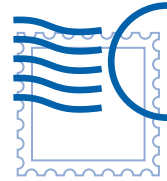
Quantitative Data

Program results reported as numbers are considered quantitative data. PIR provides examples of indicators that can be used to measure quantitative achievements. They are continuing client follow-up, effective referral, and CYP achieved. Depending upon program objectives, other quantitative indicators may be selected. Regardless of the measure selected, PIR enables a program to calculate progress towards achievement levels established at the beginning of the program and to record progress as a percentage of expected final performance.

Provider record books or contraceptive distribution records are the most common source of quantitative data. Using these records, team members document, summarize, and record on Worksheet 2 the number of client follow-up visits and effective referrals and the percentage of CYP achieved.

- **Continuing Client Follow-up** focuses on the percentage of clients that service providers revisit during a specific quarter as compared with the total number of clients in service provider register books. Service providers should counsel their clients on a consistent and regular basis; if service providers are not revisiting their clients, the quality of service is compromised. Service providers typically furnish three cycles of pills per visit. Therefore, all pill clients should be revisited at least once every quarter. This assumption would change if fewer or more cycles were distributed per visit.
- **Effective Referral** measures program quality by calculating how many referred clients actually receive the services they need at referral sites. Effective referral is measured by confirming effective referrals in service provider record books with referrals for methods listed in service provider records. Effective referral is expressed as a percentage of all referred clients in the quarter. Therefore if a service provider referred 10 clients to the health center for services and referral slips were received at the health center for 3 referrals, the effective referral rate for that service provider would be 30%.
- **CYP Achieved** calculates couple-years of protection that the project has provided compared with the project's performance expectation for CYP. Calculating the percentage of CYP achieved helps organizations monitor progress toward the program's end-goal. This statistic is a cumulative measure that uses data from the beginning of the program to the date of the review.

Experience From the Field



Measuring Continuation Rates

In the World Vision (WV) Zamtan Family Planning Project in Kitwe, Zambia, volunteer service providers serve members of peri-urban migrant communities. Using the PIR package, World Vision conducted biannual program improvement reviews. During the second review, team members looked at service provider record books to see how many clients had been seen in the previous quarter. They found that although service providers seemed to have many clients, they were only revisiting 38 percent of those registered in their books. This low rate compromised the quality of services offered by the World Vision program. Together with its partners in clinics and the District Health Management Team, WV developed a plan to improve continuing client follow-up.

The WV action plan addressed the client follow-up problem from a number of angles. To begin with, service providers set goals for improving their follow-up rates. They also agreed to form teams; if one provider had to attend a funeral or work in his or her field, a team member would take care of that service provider's clients and maintain required documentation. In addition, the supervisor agreed to spend more time with service providers going over records and discussing problems related to follow-up. The supervisor also set up a client follow-up program in which she randomly checked on clients to make sure they were receiving the services they needed.

When WV monitored its program in September 1998, the organization discovered that continuing client follow-up had increased to 45 percent. By April 1999, the follow-up rate had improved even further to 77 percent. This impressive increase was supported by client and community interviews in which community members expressed a high degree of satisfaction with the services they were receiving. The service providers also asserted that working in teams helped them assure that all their clients received the supplies and counseling they needed on a regular basis.

“Worksheet 3: Calculating Quantitative Results” includes detailed instructions on what information to collect and on how to calculate all three quantifiable results. Below is an example of how to calculate continuing client follow-up.

Calculating Results

The monitoring team from the "Integrated Family Planning Project" collected service provider record books and divided them among the team members. Each team member reviewed the books to determine the total number of clients and the number of clients seen during the quarter under review. The information collected is summarized in the following chart.

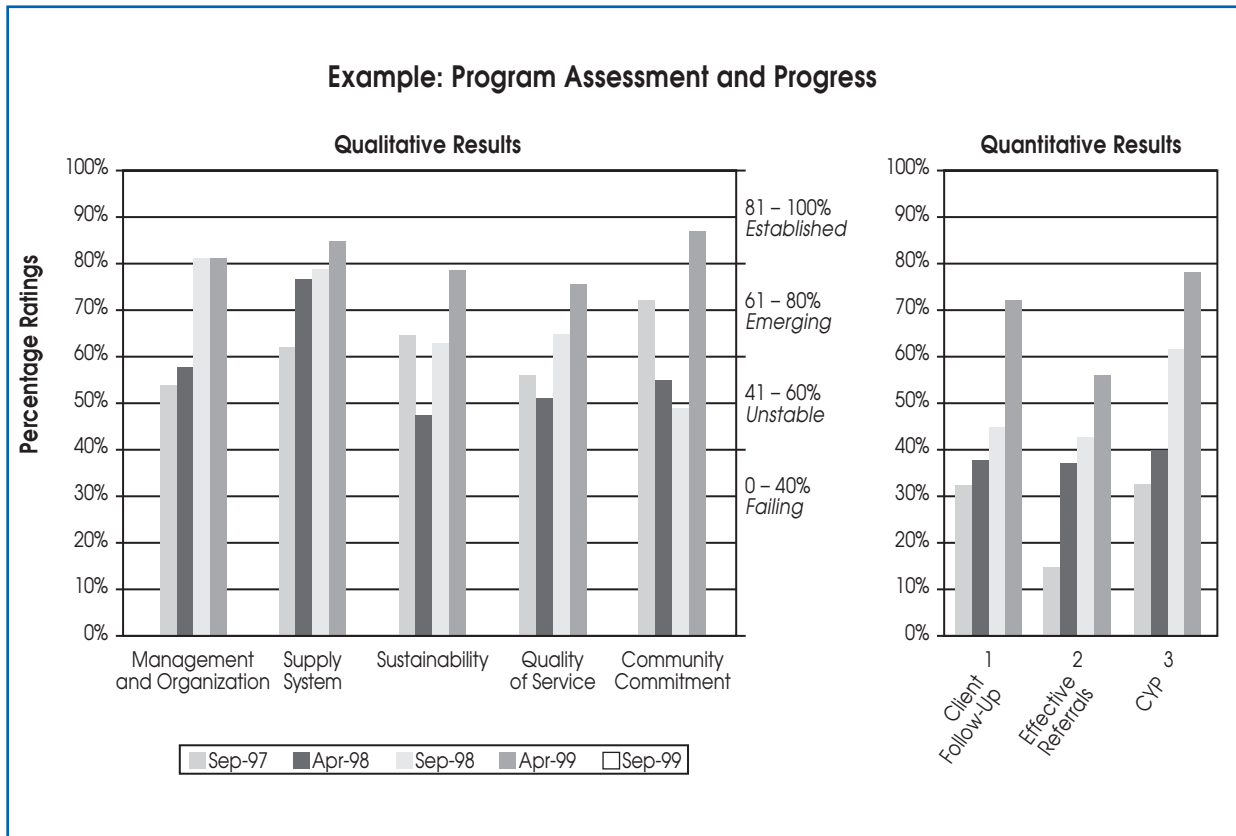
Service Provider	Total Clients in Daily Activity Reg.	Total Continuing Clients	Clients Visited During the Quarter Under Review
1	5	3	1
2	8	6	2
3	5	2	1
4	4	4	4
5	4	1	1
6	6	3	2
7	3	2	1
8	5	5	2
9	2	1	1
10	7	2	2
TOTAL	49	29	17

Following the guidance in Worksheet 2, the team members calculated the continuing client follow-up rate by dividing *the number of clients visited during the quarter under review* by *the total number of continuing clients* (17 by 29 = .58) and multiplied by 100 to get the correct percentage (.58 x 100 = 58%). Thus the service providers had a client follow-up rate of 58 percent for the quarter under review.

Compiling Data for Presentation

Once data have been gathered and analyzed, it is useful to put results together into a presentable package. PIR provides tools and guidance to help review teams compile results into graphic reports that can be mapped and compared over time.

- **Graphic Presentation:** Scores are compiled as percentages for the five qualitative program performance categories and for the quantitative results. Using "Worksheet 4: Graphing Results," these scores are then plotted on a graph that indicates program performance (see example below). Charting results from successive reviews generates an overall picture of program progress.



Stages of Program Performance

Programs are never problem-free and wholly successful right from the start. They need careful nurturing and considerable effort to reach their full potential. The PIR program assessment and progress chart helps programs map their success over time so that personnel and partners can assure that their programs are moving in the right direction. The chart defines four different performance stages on the program performance map: established, emerging, unstable, and failing.

Established: A program is established if all five indices² fall in the 81–100 percent range. Established programs have strong foundations and smoothly functioning management systems. Such programs also have operational quality assurance and sustainable service provision. With consistent quality assurance in place, programs and program indices should not slip from the established range. Programs should continue consistent monitoring to maintain their status. If an index or the whole program falls below the established range, this is an indication either that quality assurance is no longer effective or that new obstacles have emerged.

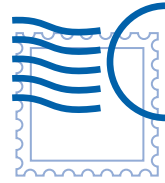
Emerging: A program is emerging if all five indices fall in the 61–80 percent range. Generally, emerging status indicates that the foundations of a program or of program elements have been laid and that quality assurance is operational. The emerging stage is a transition period. Organizations in this phase should make steady progress toward the established level. If an index lingers for more than a year in this range or drops back, this suggests that there has been insufficient attention to problems or that some problems may have been overlooked.

Unstable: A program is unstable if one or more of its indices falls within the range of 41–60 percent. Unstable programs demand nurturing; they have structural weaknesses that need a great deal of attention in several areas. Programs should make substantial efforts to move indices beyond the unstable phase as quickly as possible. Unstable programs need to establish effective quality assurance and to adhere to it conscientiously.

Failing: Failing programs have two or more indices that fall in the range 0–40 percent. These programs or their indices are either completely non-functional or have substantial weaknesses. Generally, a failing program indicates that the organization has not established quality assurance. Organizations should make failing programs or failing program elements a high priority and should focus as much attention on them as possible.

²Indices refer to the five program categories in the conceptual framework: management and organization, supply system, sustainability, quality of service, and community commitment.

Experience From the Field



Declining Performance

Pilot tests of PIR revealed a common trend in program progress: organizations sometimes perform better in the first review than in the second. Third and fourth reviews, on the other hand, commonly show steady progress back to and often far beyond the levels achieved in the first. Why do some programs seem to falter after a good beginning? Many programs start off fairly well with clear plans and strategies for program implementation, with freshly trained service providers and supervisors, and with an eager, motivated staff. When problems eventually emerge, the program may look as if it is sliding backwards. Organizations should not panic if their second review indicates regression in performance. Rather, PIR teams should focus on constructing detailed performance improvement plans to address problems. If the plans are followed conscientiously, the third review should show improvement and may even surpass the performance indicated in the first.

Decline in program performance in later reviews can be a cause for concern though sometimes lower scores can be attributed to the fact that experienced team members have become more demanding in their expectations for quality and competence. That is a healthy sign in program development. If, however, program performance drops significantly in the third, fourth, or later reviews, the organization should review quality assurance to make sure that problems are being identified and effective improvement plans are being constructed and carried out.



4: Preparing a Performance Improvement Plan

Summary Meeting

PIR activities culminate in a summary meeting that unites program personnel, partners, service providers, and sometimes community members. The summary meeting is used for sharing results of data collection and analysis. It is also an important forum for continuing education where the following activities can occur:

- Reinforcing good counseling practices for service providers through role plays
- Reviewing knowledge and skills found in need of improvement during the review
- Presenting achievements of service providers and setting objectives for future achievements.

The summary meeting also provides an opportunity for organizations to present, discuss, or formalize performance improvement plans.

Creating a Performance Improvement Plan

Formal performance improvement plans are the keys to improving program quality. The monitoring team should refer to the problems identified in “Worksheet 1: Scoring Instruments” when preparing their plans. Using Worksheet 5, the team devises concrete actions to address those problems, delegates a person responsible for overseeing each action, and sets a date by which the action should be completed.

Example: Action Plan

Category	Problem/Issue	Action to Be Taken	Person(s) Responsible for Action	Completion Date
Management and Organization	Service providers do not have detailed job descriptions.	<ul style="list-style-type: none"> • Create job description for service providers. 	Program Manager	April 27
Supply System	Supplier short of pills.	<ul style="list-style-type: none"> • Find back-up supplier. • Arrange to purchase and store an extra stock of pills. 	Program Manager	May 5
Sustainability	Income generating project is not active.	<ul style="list-style-type: none"> • Put plan in action to start women's cooperative. 	Program Manager Program Finance Officer	Have plan in action by end of July
Quality of Service	<p>Service providers don't take client histories.</p> <p>Service providers give misinformation about methods.</p>	<ul style="list-style-type: none"> • Develop history-taking guidance in local language for service providers. • Arrange for refresher training. 	Supervisor	<p>Question Sheet: April 26</p> <p>Training: May 30</p>
Community Commitment	<p>Community knowledge of family planning is weak.</p> <p>Community promotion is not active.</p>	<ul style="list-style-type: none"> • Meet with community monthly to discuss family planning. • Work with community leaders to devise active promotion strategies. • Implement strategies. 	<p>Supervisor</p> <p>Community member/leader</p>	<p>Meetings: Now to project end.</p> <p>Promotion strategies: May 30</p> <p>June 30</p>
Results	Continuing client follow-up weak. Service providers only revisit 46% of clients.	<ul style="list-style-type: none"> • Refresher training for service providers on following up clients and keeping records. • One-on-one attention to service providers from supervisors focused on this topic. 	Supervisor	<p>Training May 30</p> <p>Implementation: monthly</p>

Worksheet 1: Scoring Instruments

The eight instruments make up the information-gathering component of the Performance Improvement Review Package. The instruments cover the entire scope of an integrated project from internal management issues to client and community experience and opinions. In all, the instruments are designed to provide a broad “snapshot” of program performance at all levels. A complete list is found on page xi.

Instructions

Use this worksheet to record scores and problems for each section of every instrument.

- Under the column labeled *score*, put the total score earned on that section. Remember to use the guidance in Annex 4 to help you score the response. To calculate average scores where there is more than one respondent as in the case of service providers or clients, follow the example below.

- Example: Calculating Average Scores

The “Integrated Family Planning Project” conducted 11 Service Provider-New Client Observations. The data collection team numbered each instrument from 1 to 11 and then scored each individually. Below is an example of the results of section 7A, “Counseling at Session Opening.”

The team added together all the scores and divided the total by the number of observations (11 in this case) to calculate the average score. The total of all scores equaled 28, which divided by 11 is 2.54.³ The average score was then rounded down to 2.5.

Instrument 7: Service Provider—New Client Observation

Instrument Section	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	Avg. Score
7A. Counseling at Session Opening	1	3	3	3	4	3	3	3	2	1	2	X	2.5

On Worksheet 1, a score of 2.5 was entered in section 7A, for instrument 7.

- Under the column labeled *problem/issues*, record weaknesses that need to be addressed. It is important that this section is properly completed as it will be used to assist you in developing your improvement plan. You will note some sections are not scored; these are provided to give your program more information. If you choose to ask those questions, you may opt to use the *problem/issues* column to make relevant notes.
- When scores have been collected for each section of the instrument, they can be transferred to the appropriate columns on worksheet 2.

³ Scores should be rounded up or down to the nearest .25 (for example, 1.25, 4.25, 3.5 or 4).

Instrument 1: Record Review

Instrument Section	Score	Problem/Issue
1A. Deciding to integrate family planning		
1B. Community participation and planning		
1C. Project strategy and sustainability		
1D. Partnerships		
1E. Project monitoring		
1F. Staffing and supervision		
1G. Supply system plan and structure		
1H. Financial management		

Instrument 2: Manager Interview

Instrument Section	Score	Problem/Issue
2. Progress update (section on follow-up only)		
2A. Deciding to integrate family planning		
2B. Community interest		
2C. Partnerships		
2D. Project strategy and sustainability		
2E. Staff management		
2F. Supply system maintenance		
2G. Financial management		
2H. Project monitoring		

Instrument 3: Supervisor Interview

Instrument Section	Score	Problem/Issue
3A. Staff history and affiliation with NGO		
3B. Knowledge of family planning		
3C. Training and experience		
3D. Record review and reporting		
3E. Ordering, stocking and distributing supplies		
3F. Partnerships		
3G. Community participation		

Instrument Section	#1	#2	#3	#4	Avg. Score
3A. Staff history and affiliation with NGO					
3B. Knowledge of family planning					
3C. Training and experience					
3D. Record review and reporting					
3E. Ordering, stocking and distributing supplies					
3F. Partnerships					
3G. Community participation					

Instrument 4: Community Interview

Instrument Section	Score	Problem/Issue
4A. Knowledge of FP		
4B. Community promotion of FP		
4C. Community involvement		
4D. Community satisfaction		

Instrument Section	#1	#2	#3	#4	#5	#6	Avg. Score
4A. Knowledge of FP							
4B. Community promotion of FP							
4C. Community involvement							
4D. Community satisfaction							

Instrument 5: Service Provider Interview

Instrument Section	Score	Problem/Issue
5A. Knowledge of family planning		
5B. Training		
5C. Supervision		
5D. Community support		
5E. Referral and partnerships		
5F. Maintaining adequate supplies		
5G. Record review		

Instrument Section	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	Avg. Score
5A. Knowledge of family planning															
5B. Training															
5C. Supervision															
5D. Community support															
5E. Referral and partnerships															
5F. Maintaining adequate supplies															
5G. Record review															

Instrument 6: Client Interview

Instrument Section	Score	Problem/Issue
6A. Client information (not scored)		
6B. Client knowledge and attitude		
6C. Structure of services		
6D. Availability of supplies		
6E. Technical competence		
6F. Client satisfaction		

Instrument Section	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	Avg. Score
6A. Client information (not scored)															
6B. Client knowledge and attitude															
6C. Structure of services															
6D. Availability of supplies															
6E. Technical competence															
6F. Client satisfaction															

Instrument 7: Service Provider—New Client Counseling Observation

Instrument Section	Score	Problem/Issue
7A. Counseling at session opening		
7B. Knowledge and presentation		
7C. Availability of supplies		
7D. Counseling at session closing		

Instrument Section	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	Avg. Score
7A. Counseling at session opening															
7B. Knowledge and presentation															
7C. Availability of supplies															
7D. Counseling at session closing															

Instrument 8: Service Provider—Continuing Client Counseling Observation

Instrument Section	Score	Problem/Issue
8A. Counseling at session opening		
8B. Knowledge and presentation		
8C. Availability of supplies		
8D. Counseling at session closing		

Instrument Section	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	Avg. Score
8A. Counseling at session opening															
8B. Knowledge and presentation															
8C. Availability of supplies															
8D. Counseling at session closing															

Worksheet 2: Compiling Scores

Compiling scores is necessary to create a graphic representation of program performance. However, some organizations may wish to skip this step and focus only on identifying problems and creating improvement plans. Organizations that wish to compare program performance from one review to the next should continue with this worksheet. Others should proceed to Worksheet 3.

Instructions

Team members use “Worksheet 2: Compiling Scores” to obtain percentage scores on the five categories measured in PIR. This information will then be transferred to Worksheet 4 to develop a graphic presentation of program performance.

- In the column labeled, “real score,” the number scored from Worksheet 1 should be inserted under each section. Thus if on the record review instrument, following the guidance in Annex 4, the team rated section 1A. “Deciding to Integrate” a 3, the number 3 should be inserted under the column, “real score”.
- In the column labeled, “possible score,” a 5 has been inserted since 5 is the highest possible score an instrument section can receive. If the team did not score a particular section (because it was not applicable or for other reasons), users should record a large X in each column. *(In this case you would delete the 5 under possible score and replace it with an X.)*
- Users then add all the real scores vertically down the column and write the total in the space on the row labeled “total scores.” Likewise, numbers in the column titled “possible scores” are added vertically and the total is recorded at the bottom of the chart. This adding process is repeated for each of the five program performance categories.
- Team members calculate a percentage rating for each of the five program performance categories by dividing the total real score by the total possible score and multiplying the result by 100. Thus if the “real score” total under column one, “Management and Organization” is 25 and the possible score is 45, you would divide 25 by 45 which equals .555 and multiply it by 100 to get 55.5% for the category Management and Organization.

Worksheet 2: Compiling Scores (continued)

Instruments	Management and Organization	Real Score	Possible Score	Supply System	Real Score	Possible Score	Sustainability	Real Score	Possible Score	Quality of Service	Real Score	Possible Score	Community Commitment	Real Score	Possible Score	Results
1 Record Review	Deciding to Integrate FP		5	Supply System Plan and Structure		5	Project Strategy and Sustainability		5	Project Monitoring		5	Community Participation and Planning		5	
	Staffing and Supervision		5				Partnerships									
	Financial Management		5													
2 Manager Interview	Deciding to Integrate FP		5	Supply System Maintenance		5	Project Strategy and Sustainability		5	Progress Update		5	Community Interest		5	
	Staff Management		5							Project Monitoring		5				
	Financial Management		5				Partnerships		5							
3 Supervisor Interview	Record Review and Reporting		5	Ordering, Stocking, and Distributing Supplies		5	Partnerships		5	Staff History and Affiliation with NGO		5	Community Participation		5	
	Knowledge of Family Planning		5							Training and Experience		5				
							Community Promotion of FP		5	Community Satisfaction		5	Knowledge of FP		5	
4 Community Interview													Community Involvement		5	
				Maintaining Adequate Supplies		5	Record Review		5	Knowledge of FP		5	Community Support		5	
										Training		5				
										Supervision		5				
5 Service Provider Interview										Referral and Partnerships		5				
6 Client Interview	Structure of Services		5	Availability of Supplies		5	Client Satisfaction		5	Client Knowledge and Attitudes		5				
										Technical Competence		5				

Worksheet 2: Compiling Scores (continued)

Instruments	Management and Organization	Real Score	Possible Score	Supply System	Real Score	Possible Score	Sustainability	Real Score	Possible Score	Quality of Service	Real Score	Possible Score	Community Commitment	Real Score	Possible Score	Results
7 Service Provider – New Client Observation				Availability of Supplies		5				Counseling at Session Opening					5	
										Knowledge and Presentation					5	
										Counseling at Session Conclusion					5	
8 Service Provider – Cont. Client Observation				Availability of Supplies		5				Counseling at Session Opening					5	
										Knowledge and Presentation					5	
										Counseling at Session Conclusion					5	
9 Service Provider – Supervisor Records																1. Continuing Client Follow-up
																2. Effective Referrals
																3. Percentage CYP Achieved
TOTAL Scores																
Percentage																

3: Calculating Quantitative Results

Instructions

Framing the Quarter: For client follow-up and effective referrals, data should be collected from the last completed quarter. If data collection takes place from June 10 – 15, then the last completed quarter was from March 1– May 31.

Collecting Data from Service Provider Record Books: Service Provider record books are an important source of data. Examining service providers' books can provide program managers, supervisors, and monitoring teams with valuable information about service provider record keeping skills, method distribution, client follow-up, and other elements of quality services. To get an accurate assessment of the information in service provider records, reviewers should look at each book individually.

Service Provider	Total Clients in Daily Activity Reg.	Total Continuing Clients	Clients Visited During the Quarter Under Review
Total			

Calculating Results

- **Continuing Client Follow-up:** Working with family planning integration projects, we have found that the total number of continuing clients listed in service provider records is often higher than the number of continuing clients visited in a particular quarter. This discrepancy indicates either that service provider's record keeping skills are lacking or that service provider's follow-up skills are in need of improvement. In either case, the quality of service delivery and the sustainability of the program are at risk if the problem is not addressed. To calculate the percentage of clients who are followed-up in a given quarter, refer to the chart above and follow the steps and example below.

1. Add together the total number of **Continuing Clients** listed in each service provider daily activity registers. _____
2. Add together the total number of clients actually visited⁴ at least once during the quarter from each service provider record. (Remember, you are evaluating follow-up visits the previous quarter; do not include new clients registered in the last three months.) _____
3. Divide line 2 by line 1. _____
4. Multiply the number in line 3 by 100. This equals the **Percentage of Clients Followed-Up During the Quarter**. _____

- **Effective Referrals:** In many records there is a space for the service provider to note if a client referred for services actually received the services he or she needed at a referral site. Referral sites themselves may also keep records of clients sent to them by service providers. If a client did receive needed services at a referral site, this is considered an "effective referral."

To calculate the percentage of effective referrals for the quarter, follow the steps listed below.

1. Add the TOTAL number of referrals for the quarter from each service provider's record. _____
2. Add the number of effective referrals noted in each service provider record or the number of slips on file at referral sites. _____
3. Divide line 2 by line 1 _____
4. Multiply the number in line 3 by 100. This equals the **Percentage of Effective Referrals**. _____

⁴ If a client is visited or provisioned several times during a quarter, only count that client once. For example, if a client received condoms every month, count that client once, *not* three times.

- **Couple-Years of Protection (CYP) Achieved:** Projects set goals to serve a certain number of clients in a specific period of time. CYP is a calculation used to estimate contraceptive protection provided by family planning during a one-year period. The measure is based on the number of contraceptives distributed to clients in a year. CYP is used because it is based on supply data, which are typically reliable and easy to collect.
- Organizations may use a variety of different indicators to measure how many clients have been reached. Among these indicators are the following: calculating the number of clients or, more specifically, the number of women of reproductive age (WRA) using family planning services in the program or community; monitoring the contraceptive prevalence rate (CPR) in a population; and calculating couple-years of protection (CYP).
- CYP is a calculation used to estimate contraceptive protection provided by family planning during a one-year period. The measure is based on the number of contraceptives distributed to clients in a year. CYP is used because it is based on supply data, which are typically reliable and easy to collect.
- PIR uses CYP to chart progress toward achievement of program objectives. Measuring the percentage of CYP achieved compared to the expected achievement helps programs determine whether or not they are progressing at an appropriate rate toward their goals.
- CYP is calculated by multiplying the quantity of each method distributed by the conversion factor for that method. For example, a program that has dispensed a total of 16,000 cycles of oral contraceptives and provided fifty sterilizations for men and women has achieved a number of CYP as follows:

A. 16,000 cycles of oral contraceptives X 0.0667	=	1,067.2CYP
B. 50 male and female sterilizations X 9.000	=	450.0CYP
C. Total CYP achieved: A+B	=	1,517.2CYP

CYP Conversion Table

Method	Number Sold or distributed	X	Conversion Factor	=	CYP
Oral Contraceptives		X	0.0667	=	
Intrauterine Device (IUD)		X	3.5000	=	
Male or Female Sterilization		X	9.0000	=	
Norplant (implant)		X	3.5000	=	
Depo Provera (injectable)		X	0.2500	=	
Noristerat (injectable)		X	0.1670	=	
Foaming Tablets		X	0.0067	=	
Condoms		X	0.0067	=	
Natural Family Planning		X	2.0000	=	
Lactational Amenorrhoea		X	0.2500	=	
Total CYP				=	

The conversion factors in the above table are those currently approved for use by the United States Agency for International Development. They are subject to periodic updates.

To calculate the percentage of CYP achieved

1. Calculate the program's total CYP by using the CYP conversion table.	_____
2. List the CYP the program has achieved to date.	_____
3. List the program's CYP objective. (This should have been established at the beginning of the program; check the program proposal for this number.)*	_____
4. Divide line 1 by line 2.	_____
5. Multiply the number in line 3 by 100. This equals the Percentage of CYP Achieved .	_____

*If the program did not establish an objective for the number of contraceptives by method it expected to distribute at the beginning of the program, calculate a CYP objective now by reviewing the present distribution records and estimating achievement of CYP to the end of the program. Use this figure in step 3.

4: Graphing Results

The PIR program assessment and progress chart helps programs map program success over time so that personnel and partners can assure that their programs are moving in the right direction. Worksheet 4 charts the results calculated in “Worksheet 2: “Compiling Scores” and in “Worksheet 3: Calculating Quantitative Results.”

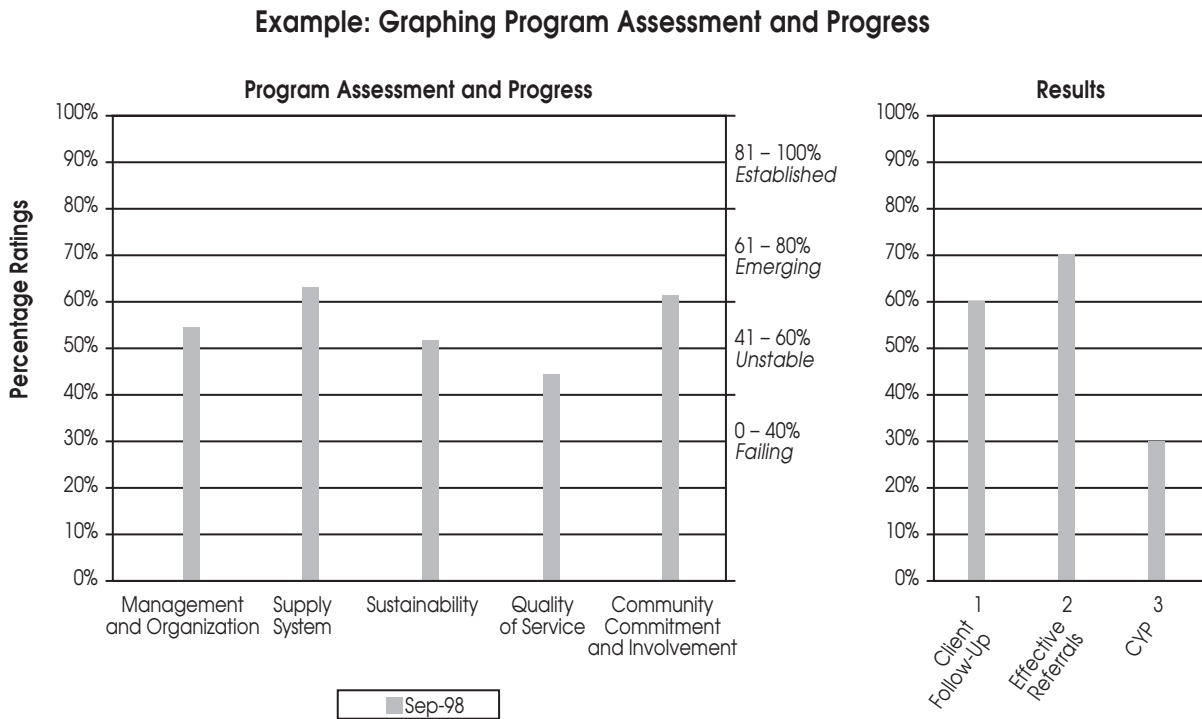
Instructions

- Use the graph provided to construct a vertical bar from the 0 point on the X (horizontal) axis to the correct percentage on the Y (vertical) axis for each of the five program performance indicators measured in Worksheet 2.

For example, taking the result of 55% on Management and Organization cited in the example in Worksheet 2, you would graph it by drawing a vertical bar from 0 to 55% above the correct indicator. You would similarly plot the remainder of the indicators by drawing a vertical line to the correct percentage. Subsequent reviews can be charted alongside the first bars to show progress over time. (See example on page 19 for a graph of multiple reviews.)

- Chart the three results: continuing clients, effective referrals and CYP in the same manner, using the data from Worksheet 3.
- For those with computer capability, the Microsoft Excel worksheet found on the attached diskette can be used to develop the graphs. Follow the instructions in the file and enter the data from Worksheets 2 and 3 to create graphs.
- Record problems pertaining to measurable results, i.e., CYP, referral, and client follow-up visits on Worksheet 5.

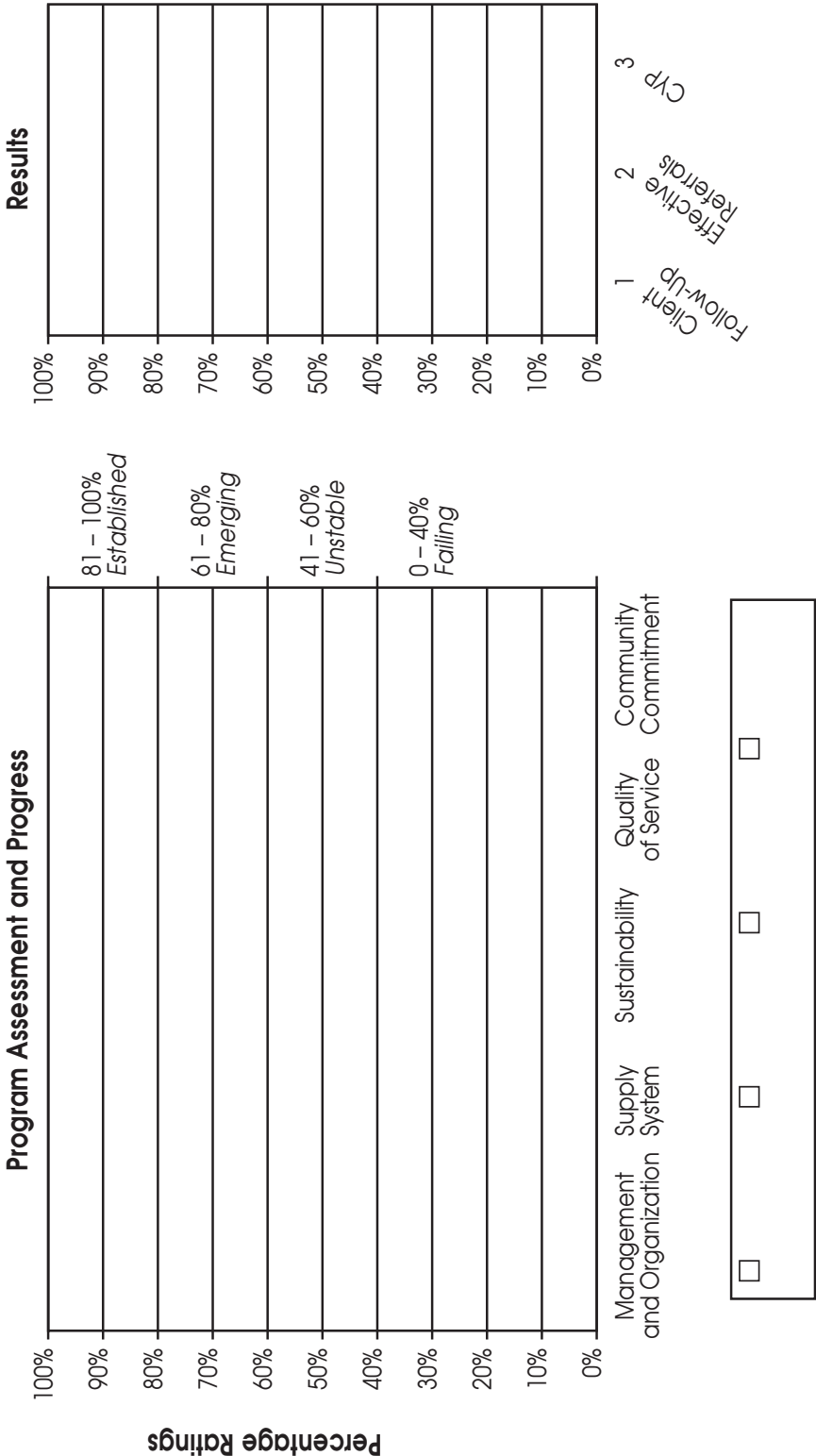
Example: Graphing Program Assessment and Progress



Worksheet

4

Graphing Program Assessments and Progress



Worksheet 5: Creating a Performance Improvement Plan

As previously mentioned, formal performance improvement plans are the keys to improving program quality. Using Worksheet 5, the team devises concrete actions to address problems, delegates a person responsible for overseeing the action, and sets a date by which the action should be completed.

Instructions

- Transfer the problems recorded on Worksheet 1 to the appropriate category on Worksheet 5 below.
- Discuss the problems as a team and decide on an action to address each one.
- Record the agreed upon action, the person responsible for overseeing the action, and a date by when the action should be completed.

Category	Problem/Issue	Action to Be Taken	Person(s) Responsible for Action	Completion Date
Management and Organization				
Supply System				

Category	Problem/Issue	Action to Be Taken	Person(s) Responsible for Action	Completion Date
Sustainability				
Quality of Service				
Community Commitment				
Results				

Annex 1: The Conceptual Framework

The following table presents the elements in the conceptual framework and shows the relationship of the instruments to these elements.

Performance Improvement Review: Conceptual Framework

Instrument	Management and Organization	Supply Systems	Sustainability	Quality of Service	Community Commitment	Results
1. Record Review	Deciding to Integrate FP Staffing and Supervision Financial Management	Supply System Plan and Structure	Project Strategy and Sustainability Partnerships	Project Monitoring	Community Participation and Planning	
2. Manager Interview	Deciding to Integrate FP Staff Management Financial Management	Supply System Maintenance	Project Strategy and Sustainability Partnerships	Progress Update Project Monitoring	Community Interest	
3. Supervisor Interview	Record Review and Reporting Knowledge of FP	Ordering, Stocking and Distributing Supplies	Partnerships	Staff History and Affiliation with NGO Training and Experience	Community Participation	
4. Community Interview			Community Promotion of Family Planning	Community Satisfaction	Knowledge of FP Community Involvement	
5. Service Provider Interview		Maintaining Adequate Supplies	Record Review	Knowledge of FP Training Supervision Referral and Partnerships	Community Support	

Instrument	Management and Organization	Supply Systems	Sustainability	Quality of Service	Community Commitment	Results
6. Client Interview	Structure of Services	Availability of Supplies	Client Satisfaction	Client knowledge and Attitude Technical Competence		
7. Service Provider—New Client Observation		Availability of Supplies		Counseling at Session Opening Knowledge and Presentation Counseling at Session Conclusion		
8. Service Provider—Continuing Client Observation		Availability of Supplies		Counseling at Session Opening Knowledge and Presentation Counseling at Session Conclusion		
Service Provider — Supervisor Records						1. Continuing Client Follow-up 2. Effective Referrals 3. Percentage of CYP Achieved

Annex 2: Clinic Visit Guide

Referral clinics are important resources for community-based programs. Although service providers can be very effective, most clients will need to be referred to a clinic at some point either for physical examinations, for contraceptives, or for other needs. Clinics can also help service providers in the community by furnishing supplies, assisting with continuing education, and promoting the services they offer. Good relationships with referral clinics are characteristic of strong, sustainable programs.

During data collection, the review team should arrange to visit referral clinics. These visits may need to be arranged in advance with the clinic, with the ministry of health, or with both. The team should meet with the head nurse and nurses in charge of family planning. The meeting can be used to familiarize the team with referral facilities, to review supply and referral systems, and to identify local obstacles that might hinder referral services at the clinic level.

Below is a list of issues the team should address when conducting a clinic visit. It is important to remember that nurses are partners, and clinics are often very busy. Prepare the visit ahead of time and keep meetings and tours focused on the task at hand.

Relationship between the integrated program and the referral clinic

- Do nurses know about the family planning program?
- Do nurses know the service providers who refer clients to their clinics?
- Do nurses like or dislike the referral system and for what reasons?
- Do nurses feel the service provider program interferes with their work in any way?
- Do nurses feel the service provider program benefits their work?
- What suggestions do nurses have for strengthening the referral system?

Supplies

- What contraceptive methods does the clinic offer?
- Do service providers collect supplies from the clinic?
- If the service providers collect supplies from the clinic, then the team should check the supply records and ask the nurses if there are any problems with the supply system.
- Are clinics ever short of supplies? If so, which supplies are they short of, how often do shortages occur, and to what extent do supplies run low/out?

Referrals

- Does the clinic keep a record of referrals from service providers?
- If there is a record of referrals, ask to see it and count the number of referrals in the record.
- Does the clinic provide written feedback to the service provider when nurses see a referred client?

Tour

- Ask to have a guided tour of the clinic.

Annex 3 • Conducting Interviews and Observations

While the PIR monitoring process is intended as a guide and is not, therefore, an exact science, it is still important to use methodologically sound practices to assure that the data collected are as viable as possible.

Conducting Interviews and Observations: Interviewing is much more difficult than most people believe. Even when questions are straightforward, respondents may not understand or they may answer a different question altogether. An interviewer must strive to present questions as clearly as possible, must rephrase when necessary, and must conduct a smooth interview, all while trying to assure that every question is asked, answered and recorded as thoroughly as possible. Observations are not as tricky but demand attention and sensitivity. This section provides tips for conducting interviews, focus-group discussions, and observations.

General Interviewing Techniques:

- **Review:** Interviewers, reviewers, and observers should always review questionnaires before using the instruments.
- **Understand:** Make sure everyone using the questionnaire understands the questions in the same way. Become familiar with the questionnaire so that you are able to use it to guide a conversation.
- **Encourage:** Encourage interviewees to give complete and thorough responses. Sometimes interviewees give short or incomplete answers. If this happens, it is important to ask the interviewee to elaborate. For example, many of the instruments ask interviewees to describe why family planning is important for their communities. A respondent might say that family planning is important to her community because it helps her manage her family. This is a vague response. Try to get the respondent to elaborate by asking questions such as, “How does family planning help you manage your family?” Other questions that are useful are: “In what other ways is family planning important for your community?” “What can you add to what you have already said?” “Can you tell me more?”

- **Avoid Prompting:** When searching for an interviewee's complete knowledge, do not prompt answers. For example, if you ask a service provider what the supervisor does on supervisory visits and the service provider says that the supervisor checks the supply trunk, DO NOT follow up by asking, "Does the supervisor also check your records?" Follow up this answer, with "Does the supervisor do anything else when she visits?" This will encourage the interviewee to provide more information. Try not to ask questions that only require a yes or no response as this will not provide fruitful information.
- **Clarify:** Sometimes interviewees misunderstand or misinterpret questions, even when the questions are simple. Be patient. Let the interviewee complete his or her response and then rephrase the question. If the question is translated into another language, make note of the problem. The initial translation may need to be reconsidered.

Focus Groups: Focus-group discussions, such as the community interview, present different problems from one-on-one interviews. While focus groups often generate lively debates full of useful and interesting information, they can be difficult to manage. Below is a list of common problems of and recommendations for community interviews.

- **Delegate:** A community interview is too much for one person to handle. If the monitoring team has to break up into sub-teams to conduct several community interviews simultaneously, then those teams should include three or at the very least two people. In every group discussion, one person should moderate the discussion and the others should take notes.
- **Manage:** Focus group discussions often become quite animated and take on lives of their own. Moderators should allow the discussion to gather momentum and even sometimes to stray from the topic but not for too long. Try to keep the discussion focused on the instrument questions as much as possible. You don't want people to tire before the questions in the instrument have been completed. Keep in mind that most community members make a great sacrifice of time to attend a meeting, and participation usually starts dwindling after one hour.

- **Diversity of Responses:** One of the biggest challenges in community interviews is obtaining information that is representative of community diversity. Often older men dominate community meetings, squelching the voices of women and youth. This problem can be addressed by actively choosing women or youth in the group and asking for their responses. However, if women and youth are not offering their opinions, they probably do not feel comfortable speaking in front of other community members. A second option is to conduct a general group meeting and then split into several groups: one for men, one for women, and one each for male and female youth. This method takes more time and a greater investment from team members, but it is often the most effective and fruitful technique for obtaining an adequate representation of community views and opinions. Make a plan for community interviews that uses the time and effort of the team members as effectively as possible while being culturally sensitive and soliciting as many voices as possible.
-

Observations: Observations do not require the same quick thinking that interviews and focus group discussions do, but they do demand sensitivity and intense concentration.

- **Be Sensitive:** Observations are essential for assessing the quality of service delivery in a family planning program, but they may make both service providers and clients uncomfortable. Introduce yourself and make sure the client agrees to be observed; clients should always have a choice to participate in an observation. To create a relaxed atmosphere, be friendly and chat with the service provider and client before the counseling session begins. Sit in a neutral spot. The best ones are either between and at a slight distance from the service provider and client, or parallel with or behind the client.
- **Avoid Interrupting:** Service providers sometimes make mistakes. Try to remain neutral and avoid stepping in to correct those mistakes while the counseling session is in progress. At the end of the counseling session, ask the service provider to wait out of hearing distance while you talk to the client to clarify any misinformation. Then, when the client has gone, speak with the service provider, try to correct his or her mistakes, and reinforce good counseling practices. The service provider should return and re-counsel if misinformation was given to the client.

Recording Data: Asking questions and following up on answers can make writing down responses a real challenge. Fill in as much information as you possibly can. Thorough recording assures that credit is given where credit is due in the analysis process. Reserve a few minutes directly following the interview to review what you have written and fill in the blanks where necessary. It is important that you record all information while it is still fresh in your mind.

- **A note on tape recording:** Tape recording is often used as an effective way to document interviews clearly and accurately. However, tape-recorded interviews need to be reviewed and sometimes transcribed, and both these processes take a considerable amount of time. Tape recording is not recommended for use in interviews directed by PIR since it is likely to make the process more time consuming and cumbersome.

Annex 4: Guidance for Scoring Instruments

The Scoring Method

The guidance for scoring provided in this annex tells users what data are necessary for a section to rate a perfect score of 5. Based on the data, team members should choose the score they believe most adequately represents the status of the information in that section.

Record scores for each section of each instrument on Worksheet 1. If a particular instrument is used a number of times, such as “Instrument 4: Service Provider Interview,” number each instrument and score each individually. When scoring is completed, add all the scores for each section and divide the result by the total number of instruments scored. The final number is the average score for that section of that instrument. (See example on page 25.)

As they score, team members should list problems they come across in the space provided on Worksheet 1. (This worksheet will form the foundation for “Worksheet 5: Creating a Performance Improvement Plan.”)

Refer to each instrument for the full wording of the questions referred to in the scoring criteria below.

Instrument 1: Record Review (Initial Visit)

A. Deciding to Integrate Family Planning: 5 = All criteria are thoroughly fulfilled.

- The project’s family planning objectives are clearly stated (including population to be served and goals for contraceptive use).
- The project is committed in writing to integration in all the areas listed in question 2.
- There is documentation that the project is consistent with national policy for family planning projects.

B. Community Participation and Planning: 5 = All criteria are thoroughly fulfilled.

- Documentation of community involvement in the family planning project exists in all categories listed in question 4.

- A community-based survey for the family planning project has been completed and is sufficient.
- Project records define the role of the community in implementing the family planning program, and this role is both clearly described and appropriate.

C. Project Strategy and Sustainability: 5 = All criteria are thoroughly fulfilled.

- All project elements listed under question 7 are clearly documented in the project proposal and/or other document.
- Service delivery goals/objectives are based on documented evidence of current contraceptive prevalence in the country or locality.
- Project documentation indicates that the NGO has considered all the issues in question 9.
- The project has a clearly defined plan for financial sustainability, and this plan is clearly described, feasible, and appropriate.

D. Partnerships: 5 = The criterion is thoroughly fulfilled.

- The project proposal or other documents describe the relationship between the project and other organizations providing family planning services, and the partners and their roles are clearly indicated.

E. Project Monitoring: 5 = All criteria are thoroughly fulfilled.

- There is a written plan for monitoring program performance and monitoring is conducted at least every six months.
- Measurable indicators for monitoring project progress have been identified, and all the indicators listing in question 13.1 are clearly defined in project documentation.
- Service provider records enable documentation of potential clients, new clients, and continuing clients.

F. Staffing and Supervision: 5 = All criteria are thoroughly fulfilled.

- The project has a written estimate of the number and types of staff needed to implement the family planning project, and the estimate is reasonable.
- Job descriptions exist for service providers and supervisors.

- A written description of the supervisory structure exists in the project proposal or other document, and this plan is effective and sustainable.
- Plans have been prepared for training supervisors in monitoring and supportive supervision.
- Supervisors prepare written work plans, and there is documentation that these plans are followed.
- There are clear and reasonable plans for staff training.

G. Supply System Plan and Structure: 5 = All criteria are thoroughly defined.

- There is a forecast of contraceptive supply needs, and this forecast addresses all the issues listed in question 21.1
- A main source of contraceptive supply has been identified along with a back-up source.
- Storage arrangements have been made.
- A procedure for the monthly ordering of supplies is clearly defined.
- A procedure for distributing supplies is clearly defined.

H. Financial Management: 5 = All criteria are thoroughly fulfilled.

- There is a written budget for the family planning program.
- The organization has a chart of accounts sufficient to record income for family planning.
- Financial records distinguish between costs for the family planning project and costs that are shared with other projects.
- Financial records document income generated from the family planning project.

Instrument 2: Manager Interview (Initial Visit)

A. Deciding to Integrate Family Planning: 5 = All criteria are thoroughly fulfilled.

- The manager lists child spacing, controlling the number of children a couple has, and method choice when describing the meaning of family planning. The manager has no misconceptions.
- With no misconceptions, the manager is able to give a comprehensive description of why it is important for his or her organization to provide family planning services.
- The manager clearly and accurately lists the goals for the family planning project.
- The manager is able to detail how these goals fit into the goals of the organization.
- The manager is familiar with national policy and technical guidance for family planning.

B. Community Interest: 5 = All criteria are thoroughly fulfilled

- Members of the organization meet with community leaders or committees. The meetings are focused mainly on family planning and cover community promotion, community involvement, community education in family planning, or all three. Meetings between the staff of the organization and community leaders occur at least every three months.
- The organization determined community needs using at least two different methods.
- Community leaders express interest and participate in family planning (meaning they demand family planning in their community, they actively promote family planning, and they practice family planning).

C. Partnerships: 5 = All criteria are thoroughly fulfilled.

- The organization has a partnership with the representatives of the government health service, and collaboration is effective.
- The manager is able to list the other organizations providing family planning in the program area.
- Clients are referred to other organizations or health facilities for care.

- The organization coordinates with others providing family planning services, and the coordination is effective.

D. Project Strategy and Sustainability: 5 = All criteria are thoroughly fulfilled.

- The organization plans to continue offering services after project funding ends, and the plan is viable and sustainable.
- If appropriate, the project has cost recovery strategies for the family planning program, and these strategies are sustainable and currently active.

E. Staff Management: 5 = All criteria are thoroughly fulfilled.

- All staff, particularly service providers and supervisors, have received training for their positions, and the manager is able to list the staff who received training. The type, content, and duration of the training are sufficient.
- The manager is able to describe future plans for training, and these plans are adequate.
- The organization is not experiencing staffing problems.
- There is a procedure for evaluating the performance of supervisors. This procedure is carried out at least annually and is comprehensive and constructive.
- There is a procedure for evaluating the performance of service providers. This procedure is carried out at least annually and is comprehensive and constructive.
- Supervisors were selected based on their qualifications in family planning and supervision.

F. Supply System Maintenance: 5 = All criteria are thoroughly fulfilled.

- The manager is able to describe the contraceptive distribution system, and the system is effective and sustainable.
- The manager is able to describe how the organization calculates the quantity of supplies needed, and the method described is viable.
- Service providers and clinics never run out of supplies.
- The supplier is never short of supplies.

G. Financial Management: 5 = All criteria are thoroughly fulfilled.

- If the organization relies on external funding, there is a clear plan for continuing the family planning program after external funding ends, and this plan is sustainable.
- Financial records clearly define, record and balance assets, income and expenses.
- Financial records distinguish between the costs of the family planning project and costs shared with other projects.

H. Project Monitoring: 5 = All criteria are thoroughly fulfilled.

- The project collects a broad range of data for measuring project results including service provider performance, service statistics, community participation, and staff performance.
- Managers, supervisors, and partners are involved in data collection.
- At the very least, data are used to monitor and improve program performance.

Instrument 3: Supervisor Interview (Initial Visit)

A. Staff History and Affiliation with NGO: 5 = All criteria are fulfilled.

- The supervisor's written job description reflects his or her responsibilities.
- The supervisor has a copy of his or her written job description and is able to show it to the interviewer.
- The supervisor has had supervisory responsibilities prior to his or her current role.

B. Knowledge of Family Planning: 5 = All criteria are thoroughly fulfilled.

- The supervisor lists spacing children, deciding on the number of children a couple has, and method choice when describing the meaning of family planning. The supervisor has no misconceptions.
- With no misconceptions, the supervisor lists some of the benefits of family planning in describing its importance in the community.

C. Training and Experience: 5 = All criteria are thoroughly fulfilled.

- The supervisor has been trained in family planning, and training is of adequate length and content.
- The supervisor has been trained in supervision or has extensive knowledge and experience in family planning supervision.
- If applicable, the supervisor has managed to find solutions to serious obstacles.
- The supervisor conducts visits, following the agreed schedule, to check service provider records and supplies, to observe service provider counseling, and to correct any problems with counseling and records. The supervisor counsels service providers on problems and how to correct them.
- The supervisor has forms or guidance that help him or her conduct supervisory visits.
- The supervisor is able to note some of the challenges that service providers face.

D. Record Review and Reporting: 5 = All criteria are thoroughly fulfilled.

- The supervisor checks all listed indicators when conducting supervisory visits.
- The supervisor checks service provider daily activity records (or equivalent register that records client visits and method dispersal), potential client records, and stock records when conducting a supervisory review.
- The supervisor uses data to help service providers develop work plans, prioritize clients, and solve problems.

E. Ordering, Stocking and Distributing Supplies: 5 = All criteria are thoroughly fulfilled.

- The supervisor is able to clearly describe the contraceptive distribution system, and the system is feasible, sustainable, and effective.
- Contraceptive storage area is secure, manageable, and functional.
- The quantity of contraceptives needed is based on service providers' calculations, and the system for calculating supplies is viable.

F. Partnerships: 5 = All criteria are thoroughly fulfilled.

- The supervisor works with other family planning service providers in the area, and the collaboration is clearly described and well defined.

- The supervisor meets with staff from program referral sites, the meetings are regular (approximately every three months), and family planning and program issues are discussed.
- The supervisor also meets with representatives of the government health services, the meetings are regular (approximately every three months), and family planning and program issues are discussed.

G. Community Participation: 5 = All criteria are thoroughly fulfilled.

- The supervisor regularly meets with community leaders to discuss the family planning program. Meetings with community leaders are focused on family planning and cover community promotion, community involvement, community education, or all three.
- The supervisor has introduced community leaders to the service providers who work in their catchment areas.
- The supervisor has discussions with community leaders about how they can help providers promote family planning. Community leaders help promote family planning in the project area in active and appropriate ways.

Instrument 4: Community Interview (All Visits)

A. Knowledge of Family Planning: 5 = All criteria are thoroughly fulfilled.

- The community lists spacing children, deciding on the number of children a couple has, and method choice when describing the meaning of family planning. The community has no misconceptions.
- They are familiar with the organizations that provide family planning services in their community.
- Community members are familiar with the service providers in their area.
- The community asserts that all sexually active people should receive family planning services.

B. Community Promotion: 5 = All criteria are thoroughly fulfilled.

- The community encourages family planning in the community in an appropriate and proactive manner.

- If the community does not promote family planning, members are able to suggest how they could promote it.

C. Community Involvement: 5 = The criterion is thoroughly fulfilled.

- The community has regular meetings with family planning service providers, and community members are able to articulate who meets and how often.

D. Community Satisfaction: 5 = All criteria are thoroughly fulfilled.

- Community members state that the services currently available in their community are sufficient.
- The community makes thoughtful recommendations for improvement.
- They are able to give reasonable accounts of how family planning has benefited their community.
- Community leaders and members have no serious concerns or misconceptions.

Instrument 5: Service Provider Interview (Initial Visit)

A. Staff History and Affiliation with the NGO: This section is for information only; do not score it.

B. Knowledge of Family Planning: 5 = All criteria are thoroughly fulfilled.

- The service provider lists spacing children, controlling the number of children a couple has, and method choice when describing the meaning of family planning. The service provider has no misconceptions.
- With no misconceptions, the service provider lists some of the benefits of family planning in describing its importance in the community.

C. Training: 5 = All criteria are thoroughly fulfilled.

- Service providers received training, and the course was of a satisfactory duration.
- Topics covered in the training were relevant to family planning and comprehensive.

D. Supervision: 5 = All criteria are thoroughly fulfilled.

- The service provider is able to name his or her supervisor.
- Supervisory visits occur regularly, according to the agreed schedule.
- The supervisor's last visit was consistent with the schedule listed above.
- All expectations listed in question 14 are confirmed without prompting.
- The service provider faces none of the three obstacles listed. If obstacles have been encountered, someone has helped the service provider overcome them.
- No other serious problems trouble the service provider.

E. Community Support: 5 = All criteria are thoroughly fulfilled.

- The service provider meets with community leaders and members.
- Community leaders and members help promote the provider's services in a reasonable and appropriate manner.
- Community members/leaders do not oppose the provider's family planning activities in the community.

F. Referral and Partnerships: 5 = All criteria are thoroughly fulfilled.

- The provider refers clients to health facilities for care.
- The service provider is able to name the appropriate referral facility for each contraceptive method.
- He/she has met with referral site staff.
- The provider works with other community outreach workers. The working relationship is clearly defined and appropriately addresses family planning issues. (Mention of referrals is also good.)

G. Maintaining Adequate Supplies: 5 = All criteria are thoroughly fulfilled.

- The service provider can describe how he or she estimates supplies. The description is consistent with the program's established supply system, is clearly articulated, and is effective and sustainable.

- Supplies are restocked on a monthly basis or according to the established restocking schedule.
- There is always an adequate supply to support clients' needs.

H. Record Review: 5 = All criteria are thoroughly fulfilled.

- The service provider can describe or map the area he or she serves.
- The provider has prepared a potential client register.
- The provider intends to update the potential client register.
- No clients are listed in the client activity register more than once.
- There are notes in the records that explain why clients who are no longer seeking services have stopped, and the explanations are clear.
- Records clearly demonstrate which clients are to be revisited or supplied in the next month.

Instrument 6: Client Interview (All Visits)

A. Client Information: This section is for information only; do not score it.

B. Client Knowledge and Attitude: 5 = All criteria are thoroughly fulfilled.

- The client lists spacing children, deciding on the number of children a couple has, and method choice when describing the meaning of family planning. The client has no misconceptions.
- The client is able to name at least five family planning methods or all available methods (if fewer than five).

C. Structure of Services: 5 = All criteria are thoroughly fulfilled.

- The service provider lives in the client's community.
- The client meets with his or her service provider at least every three months. (All other questions in this section are for information only.)

D. Availability of Supplies:

5 = Always; 4 = Usually; 3 = Sometimes; 2 = Rarely; 1 = Never

E. Technical Competence: 5 = All criteria are thoroughly fulfilled.

- The client selected his or her method based on the service provider's counseling.
- If the service provider discouraged methods, the reasons for discouraging the client were based on accurate knowledge of the client's needs, health status, and contraceptive restrictions.
- The client says that service provider explained how to use the method, and the description is appropriate.
- The client notes that the service provider explained the possible side effects of the method and the client is able to describe those side effects and how to manage them.
- The client notes that the service provider scheduled future appointments at the end of his or her last visit.

F. Client Satisfaction: 5 = All criteria are thoroughly fulfilled.

- The client is satisfied with the service he or she is receiving.
- The client is satisfied with the price he or she is paying (if paying).
- The client has recommended family planning to friends and family members.

Instrument 7: Service Provider-New Client Observation (All Visits)

A. Counseling at Session Opening: 5 = All criteria are thoroughly fulfilled.

- The service provider greets the client, treats him or her respectfully, and arranges for privacy.
- The service provider asks all the questions listed in question 2.
- The service provider discusses the client's health, acknowledges and responds to the client's concerns, and clarifies the client's misunderstandings about family planning, if any.

B. Knowledge and Presentation: 5 = All criteria are thoroughly fulfilled

- It is important that each method is completely described as to use, management of side effects, and advantages and disadvantages. Providing complete information on all available methods is important; rate all other answers against this standard.

- The service provider uses visual aids, and the aids are appropriate and effective.
- No misinformation is given.
- Back-up methods are offered when a new client starts on oral contraceptives or when a client is referred to the clinic for a method not available in the community.
- The provider guides the client to select an appropriate method
- The client is encouraged to participate in method selection.

C. Availability of Supplies: 5 = All criteria are thoroughly fulfilled.

- The client's chosen method was available at the session, or appropriate reasons were given for not dispensing the method to the client at the session.

D. Counseling at Session Closing: 5 = All criteria are thoroughly fulfilled.

- The service provider addressed all issues in question 13 before ending the consultation.
- The service provider fulfilled all the factors of quality service provision listed in question 14.

Instrument 8: Service Provider-Continuing Client Observation (All Visits)

A. Counseling at Session Opening: 5 = All criteria are thoroughly fulfilled.

- The service provider greets the client, treats him or her respectfully, and arranges for privacy.
- The service provider asks all the questions listed in question 2.
- The service provider discusses the client's health, acknowledges and responds to the client's concerns, and clarifies the client's misunderstandings about family planning, if any.

B. Knowledge and Presentation: 5 = All criteria are thoroughly fulfilled (If relevant—this section may not be filled out. If not, skip to the next section.)

- It is important that each method is completely described as to use, management of side effects, and advantages and disadvantages.

Providing complete information on all available methods is important; rate all other answers against this standard.

- The service provider uses visual aids and the aids are appropriate and effective.
- No misinformation is given.
- Back-up methods are offered when a new client starts on oral contraceptives or when a new client is referred to the clinic for a method not available in the community .
- The provider guides the client to select an appropriate method
- The client is encouraged to participate in method selection.

C. Availability of Supplies: 5 = All criteria are thoroughly fulfilled.

- The client's chosen method was available at the session, or appropriate reasons were given for not dispensing the method to the client at the session.

L. Counseling at Session Closing: 5 = All criteria are thoroughly fulfilled.

- The service provider addressed all issues in question 14 before ending the consultation.
- The service provider fulfilled all the factors of quality service provision listed in question 15.

Guidance For Scoring Follow-up Instruments

Instrument 1: Record Review (follow-up)

Each section (A-H): 5 = All criteria have been thoroughly fulfilled

- A. Deciding to Integrate Family Planning:** The organization has addressed all the issues remaining from the previous review.
- B. Community Participation and Planning:** The organization has addressed all the issues remaining from the previous review.
- C. Project Strategy and Sustainability:** The organization has addressed all the issues remaining from the previous review.
- D. Partnerships:** The organization has addressed all the issues remaining from the previous review.
- E. Project Monitoring:** The organization has addressed all the issues remaining from the previous review.
- F. Staffing and Supervision:** The organization has addressed all the issues remaining from the previous review.
- G. Supply System Plan and Structure:** The organization has addressed all the issues remaining from the previous review.
- H. Financial Management:** The organization has addressed all the issues remaining from the previous review.

Instrument 2: Manager Interview (Follow-up)

Progress Update: 5 = All criteria are thoroughly fulfilled

- The program has made a change in one or more of the listed areas as a result of the last review and the change is appropriate, sustainable and monitored.
- A. Deciding to Integrate Family Planning:** 5 = All criteria are thoroughly fulfilled.
 - The manager lists child spacing, deciding on the number of children a couple has, and method choice when describing the meaning of family planning. The manager has no misconceptions.

- With no misconceptions, the manager is able to give a comprehensive description of why it is important for his or her organization to provide family planning services.
- The manager is familiar with national policy and technical guidance for family planning.

B. Community Interest: 5 = All criteria are thoroughly fulfilled.

- Members of the organization meet with community leaders. The meetings are focused mainly on family planning and should cover community promotion, community involvement, community education, or all three. Meetings between the staff of the organization and community leaders occur approximately every three months.
- Community leaders express interest and participate in family planning (meaning they demand family planning in their community, they actively promote family planning, and they practice family planning).
- If community interest has changed since the last review, then it has changed in a positive way.

C. Partnerships: 5 = All criteria are thoroughly fulfilled.

- The manager is able to list partners in the family planning program and is able to define their collaborative roles. The roles are appropriate.
- If partnerships have changed, they have changed in positive ways.

D. Project Strategy and Sustainability: 5 = All criteria are thoroughly fulfilled.

- The manager is able to define clearly and thoroughly the project's plans for continuing family planning services after project funding ends.
- If appropriate, the organization does generate income for the family planning project, and these activities are adequate given the stage of development of the project.
- If problems were identified during the previous review, the manager is able to clearly detail what the problems were and how they are being addressed. The problems are being adequately addressed.

E. Staff Management: 5 = All criteria are thoroughly fulfilled.

- If appropriate, the staff has received training since the last review. (Staff should receive training or refresher courses at least once a year; therefore, if reviews are conducted on a biannual basis, then training should be carried out every other review.) The manager is able to list the staff who received training. The type, content, and duration of the training are sufficient.
- The manager is able to describe future plans for training, and these plans are adequate.
- The organization is not experiencing staffing problems.
- There is a procedure for evaluating the supervisor's performance, and this procedure is comprehensive, constructive, and carried out according to schedule.
- There is a procedure for evaluating the performance of service providers and this procedure is comprehensive, constructive, and carried out according to schedule.

F. Supply System Maintenance: 5 = All criteria are thoroughly fulfilled.

- Service providers and clinics that work with the program never run out of supplies.
- Suppliers are never short of supplies.

G. Financial Management: 5 = The manager has conducted a budget review, and any problems identified are being addressed in sufficient and appropriate ways.

H. Project Monitoring: 5 = All criteria are thoroughly fulfilled.

- The project collects a broad range of data for measuring project results including service provider performance, service statistics, community participation, and staff performance.
- Managers, supervisors, and partners are involved in data collection.
- At the very least, data are used to monitor and improve program performance.
- Project achievements have been measured, and the manager is able to describe these achievements.

Instrument 3: Supervisor Interview (follow-up)

A. Staff History and Affiliation with NGO: 5 = All criteria are fulfilled.

- If supervisory responsibilities have changed, the supervisor is able to articulate how they have changed and what his or her responsibilities are now.
- The supervisor presents a copy of his or her job description.
- The supervisor's written job description reflects his or her responsibilities.

B. Knowledge of Family Planning: 5 = All criteria are thoroughly fulfilled.

- The supervisor lists spacing children, deciding on the number of children a couple has, and method choice when describing the meaning of family planning. The supervisor has no misconceptions.
- With no misconceptions, the supervisor lists some of the benefits of family planning in describing its importance in the community.

C. Training and Experience: 5 = All criteria are thoroughly fulfilled.

- If appropriate, the supervisor has been trained and training is of adequate length and content. (If the organization planned for supervisory training, then the supervisor should have received training.) If the organization did not plan for training in this quarter, do not evaluate questions 7-8. Training or refresher courses should be scheduled at least once annually.
- The supervisor is able to say how training has contributed to his/her knowledge of family planning and/or supervision.
- If applicable, the supervisor has managed to find solutions to serious obstacles.
- The supervisor follows the schedule for visits to check service provider records and supplies, to observe service provider counseling and to correct problems with counseling and records. He/she counsels service providers on problems and how to correct them.

- The supervisor has forms or guidance that help him or her conduct supervisory visits.
- The supervisor is able to note some of the challenges that service providers face.

D. Record Review and Reporting: 5 = All criteria are thoroughly fulfilled.

- The supervisor checks all listed indicators when conducting supervisory visits.
- The supervisor checks service provider daily activity records (or equivalent register that records client visits and method dispersal), potential client records, and stock records when conducting a supervisory review.
- The supervisor uses data to help service providers develop work plans, prioritize clients, and solve problems.

E. Ordering, Stocking, and Distributing Supplies: 5 = All criteria are thoroughly fulfilled.

- The supervisor is able to clearly describe the contraceptive distribution system, and the system is feasible, sustainable, and effective.
- The contraceptive storage area is secure, manageable, and functional.
- The quantity of contraceptives needed is based on service providers' calculations, and the system for calculating supplies is viable.

F. Partnerships: 5 = All criteria are thoroughly fulfilled.

- The supervisor works with other family planning service providers in the area, and the collaboration is clearly described and well defined.
- The supervisor meets with staff from program referral sites. The meetings are regular (at least every three months), and family planning and program issues are discussed.
- The supervisor also meets with representatives of the government health services. The meetings are regular (at least every three months) and family planning/ program issues are discussed.

G. Community Participation: 5 = All criteria are thoroughly fulfilled.

- The supervisor follows the schedule for meeting with community leaders to discuss the family planning program.
- Meetings with community leaders are focused mainly on family planning and cover community promotion, community involvement, community education, or all three.
- The supervisor has introduced community leaders to the service providers who work in their catchment areas.
- Community leaders help promote family planning in the project area in an appropriate manner.

Instrument 4: Community Interview

See the section on Instrument 4, which appears earlier in this annex for the criteria to use in all visits.

Instrument 5: Service Provider Interview (follow-up)

A. Knowledge of Family Planning: 5 = All criteria are thoroughly fulfilled.

- The service provider lists spacing children, deciding on the number of children a couple has, and method choice when describing the meaning of family planning. The service provider has no misconceptions.
- With no misconceptions, the service provider lists some of the benefits of family planning in describing its importance in the community.

B. Training: (If no training was planned for the review period and service providers have received training in the last year, then do not score this section). 5 = all criteria are thoroughly fulfilled.

- Service providers received training, and the course was of a satisfactory duration.
- The topics covered in the training were relevant to family planning.

C. Supervision: 5 = All criteria are thoroughly fulfilled.

- The service provider is able to name his or her supervisor.

- Supervisory visits occur according to schedule.
- The supervisor's last visit was consistent with the schedule.
- All expectations listed in question 9 are confirmed without prompting.
- The service provider faces none of the three obstacles listed, and if obstacles have been encountered, someone has helped the service provider overcome them.
- If meetings with the supervisor have changed since the last review, the changes are improvements.

D. Community Support: 5 = All criteria are thoroughly fulfilled.

- The service provider has met with community leaders and members since the last review.
- Community leaders help to promote the provider's services in a reasonable and appropriate manner.
- Community leaders do not oppose the provider's family planning activities in the community.

E. Referral and Partnerships: 5 = All criteria are thoroughly fulfilled.

- The service provider refers clients to other health facilities for care.
- The service provider is able to name the appropriate referral facility for each contraceptive method.
- The provider has met with referral site staff since the last review.
- The provider works with other community outreach workers; the working relationship is clearly defined and appropriately addresses family planning issues. (Mention of referrals is also good.)

F. Maintaining Adequate Supplies: 5 = All criteria are thoroughly fulfilled.

- The service provider can give a detailed description of how he or she estimates supplies. The description is consistent with the program's established supply system, is clearly articulated, and is effective and sustainable.
- Supplies are restocked on a monthly basis
- There is always has an adequate supply to support clients' needs.

G. Record Review: 5 = All criteria are thoroughly fulfilled.

- The service provider can describe or map the area he or she serves.
- The provider intends to add to the register.
- Updates are made in the potential client register by reassessing the population of the provider's catchment area (by home visits or other means).
- No clients are listed in the daily activity register more than once.
- There are notes in the records that explain why clients who are no longer seeking services have stopped, and the explanations are clear.
- Records clearly demonstrate which clients are to be revisited or supplied in the next month.

Instrument 6: Client Interview

See the section on Instrument 6, which appears earlier in this annex for the criteria to use in all visits.

Instrument 7: Service Provider—New Client Observation

See the section on Instrument 7, which appears earlier in this annex for the criteria to use in all visits.

Instrument 8: Service Provider—Continuing Client Observation

See the section on Instrument 8, which appears earlier in this annex for the criteria to use in all visits.

Instrument

1: Record Review (Initial Visit)

Instrument Objectives

- 1) To verify that project objectives are clear and appropriate
- 2) To assess the plan for sustainability
- 3) To examine community involvement in planning
- 4) To evaluate the plan for maintaining service delivery quality
- 5) To review plans for storage and supply systems
- 6) To assess the adequacy of budget and financial reporting systems
- 7) To confirm plans for essential record keeping

* General Information

Date of review _____
Day Month Year

Name of reviewer _____

Name of organization _____

Location of project _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Initial Visit).

1A. Deciding to Integrate Family Planning

- 1) Write the project's family planning objectives in the space provided below.

- 2) Do any of the following documents exist as a record of the organization's commitment to integration:

a) Minutes of board or senior management meetings to discuss integration? Yes ____ No ____

b) Written information on the project for existing staff, or a record of a meeting with staff to introduce the project? Yes ____ No ____

c) Financial planning document that incorporates the integrated project? Yes ____ No ____

d) General guidelines for how the integrated project will be managed? Yes ____ No ____

e) Other _____

- 3) Is the project documentation (i.e. proposal, technical guidelines, etc.) consistent with national policy for family planning projects? Yes ____ No ____

1B. Community Participation and Planning

- 4) Is there documentation of community involvement in the family planning project through:

a) Meetings between NGO and community leaders to discuss FP needs? Yes ____ No ____

b) Meetings with/involvement of the government health system in the area? Yes ____ No ____

c) FP/KAP or other attitude/needs survey in the target community? Yes ____ No ____

d) Other (specify) _____

- 5) Has a community-based survey for the family planning project been completed? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

- 6) Do project records define the role of the community in implementing the family planning program? Yes ____ No ____

6.1) (If yes) Please describe this role.

1C. Project Strategy and Sustainability

- 7) Are the following project elements described in the project document?
- a) Goals? Yes ____ No ____
 - b) Objectives? Yes ____ No ____
 - c) Service delivery strategy? Yes ____ No ____
 - d) Supervision and monitoring plan? Yes ____ No ____
 - e) The referral system including specific referral sites? Yes ____ No ____
 - f) Roles of collaborating partners? Yes ____ No ____
- 8) Are service delivery goals/objectives based on documented evidence of current contraceptive prevalence in the country/locality? Yes ____ No ____
- 9) Does program documentation indicate that the NGO has considered the following:
- a) Potential barriers to program success. Yes ____ No ____
 - b) Sources of technical and financial support for the program.
 - a) Materials? Yes ____ No ____
 - b) Expertise? Yes ____ No ____
 - c) Funds? Yes ____ No ____
- 10) Does the project have a clearly defined plan for financial sustainability? Yes ____ No ____

10.1) (If yes) Briefly describe the current status of the sustainability plan.

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Initial Visit).

1D. Partnerships

- 11) Does the project proposal or other document describe the relationship between the project and other organizations providing family planning services? Yes ____ No ____

11.1) Briefly note collaborating partners and the collaborative role they play.

Partners

Areas of collaboration

_____	_____
_____	_____
_____	_____

1E. Project Monitoring

- 12) Is there a written plan for data collection (such as information on new clients, methods distributed, etc.)? Yes ____ No ____

12.1) (If yes) How often will data be collected?

- 13) Have measurable indicators for monitoring project progress been identified? Yes ____ No ____

13.1) (If yes) Describe the following indicators:

- a) Quality of care _____
- b) Service delivery _____
- c) Training _____
- d) Effectiveness of integration _____
- e) Sustainability _____

14) Does the service provider record enable documentation of:

- a) Potential clients? Yes ____ No ____
- b) New clients? Yes ____ No ____
- c) Continuing clients? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Initial Visit).

1F. Staffing and Supervision

15) Is there an estimate of the number and types of staff needed to implement the family planning project? Yes ____ No ____

15.1) (If yes) Describe staff estimates briefly.

16) Are there job descriptions for the following staff:

a) Service providers? Yes ____ No ____

b) Supervisors? Yes ____ No ____

17) Is the supervisory structure for the integrated program documented in the proposal or elsewhere? Yes ____ No ____

17.1) (If yes) Describe the family planning supervisory structure briefly.

18) Have plans been prepared for training supervisors in monitoring and supportive supervision? Yes ____ No ____

19) Does the supervisor prepare a work plan? Yes ____ No ____

19.1) (If yes) Do supervisors' reports indicate that the work plan is followed? Yes ____ No ____

20) Are there plans for staff training? Yes ____ No ____

20.1) (If yes) Describe the training plans briefly.

* Questions or sections preceded by an asterisk are informational only and should not be scored.

1G. Supply System Plan and Structure

21) Is there a forecast of contraceptive supply needs? Yes ____ No ____

21.1) (If yes) Does the forecast address the following issues:

a) Methods permitted within the country? Yes ____ No ____

b) Methods available? Yes ____ No ____

c) Method-mix required for project strategy? Yes ____ No ____

d) Skills of service providers? Yes ____ No ____

e) Training of service providers in the process for ordering supplies and recording usage? Yes ____ No ____

f) Estimate of the number of potential clients? Yes ____ No ____

22) Has the main source of contraceptive supply been identified? Yes ____ No ____

22.1) (If yes) Has a back-up or alternative source of contraceptive supply been identified? Yes ____ No ____

23) Have storage arrangements been addressed? Yes ____ No ____

24) Is the procedure for monthly ordering of supplies for/by providers defined? Yes ____ No ____

25) Is the procedure for distribution of supplies defined? Yes ____ No ____

1H. Financial Management

26) Is there a budget for the family planning project? Yes ____ No ____

27) Does the organization have a chart of accounts sufficient to record income for family planning? Yes ____ No ____

28) Do the financial records distinguish between FP project costs and costs that are shared with other projects? Yes ____ No ____

29) Do the financial records document income generated from the FP project? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

[illegible]

1

Instrument 1: Record Review (Initial Visit).

[illegible]

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Initial Visit).

Reproductive Health Integration Initiative

Instrument 2: Manager Interview (Initial Visit)

Instrument Objectives

To verify the existence of management systems and procedures to support program implementation including:

- a) Staff supervision
- b) Service delivery
- c) Contraceptive supply
- d) Project finances

2

* General Information

Date of review _____
Day Month Year

Name of reviewer _____

Name of organization _____

Location of project _____

How long has the organization been in operation? _____ Months _____ Years

How long ago did the organization begin to integrate family planning into its general program? _____ Months _____ Years

What family planning services are offered by your organization?

- a) Counseling _____
- b) Contraceptive method (list) _____
- c) IEC _____
- d) Referral _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.



2A. Deciding to Integrate Family Planning

- 1) What does the term family planning mean to you?

- 2) Why is it important for your organization to provide family planning?

- 3) What are the project's family planning goals?

- 4) How do these goals fit into the general goals and objectives of your organization?

- 5) Are you familiar with national policy and technical guidance for family planning?

Yes ____ No ____



2B. Community Interest

- 6) Do members of your organization meet with community leaders or community committees?

Yes ____ No ____

- 6.1) What are the main objectives for meetings with community leaders and/or committees?

- 6.2) How often do these meetings occur?

- 7) How did your organization determine community needs/demands for FP?

a) by survey

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Initial Visit).

b) through discussion _____

c) other _____

8) Is there community interest and participation in family planning? Yes _____ No _____

8.1) (If yes) Please describe the nature of community interest.



2C. Partnerships

9) Do you have a partnership with representatives of the government health service or the district health management team? Yes _____ No _____

9.1) (If yes) Describe how you work together on issues related to family planning?

10) What other organizations are providing family planning in your area?

11) Does your organization refer clients to other organizations for care? Yes _____ No _____

12) Does your organization coordinate with others providing family planning services? Yes _____ No _____

12.1) (If yes) How do you coordinate service provision?

*13) Please describe any additional partners and how you collaborate.

Partners

Areas of collaboration

_____	_____
_____	_____
_____	_____
_____	_____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Initial Visit).



2D. Project Strategy and Sustainability

14) Will your organization continue offering family planning services after project funding ends? Yes ____ No ____

14.1) (If yes) Briefly describe your plan for managing and financing the project in the future.

14.2) (If no) What are your plans?

15) Do you conduct any activities that are designed to generate income for the family planning project? Yes ____ No ____

15.1) (If yes) Briefly describe the current status of the plans for income generation.



2E. Staff Management

16) Have any of the staff received training for their positions? Yes ____ No ____

16.1) (If yes) Please describe which category of staff received training and the type of training given.

17) Are there plans for future training sessions? Yes ____ No ____

17.1) (If yes) Please describe these plans.

18) Do you have any staffing problems? Yes ____ No ____

18.1) (If yes) Please explain these problems briefly.

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Initial Visit).

- 19) Do you have a procedure for evaluating the performance of supervisors? Yes ____ No ____

19.1) (If yes) Please describe this procedure.

- 20) Do you have a procedure for evaluating the performance of service providers? Yes ____ No ____

20.1) (If yes) Please describe this procedure.

- 21) How did you select the project supervisor(s)?



2F. Supply System Maintenance

- 22) Please describe your contraceptive distribution system.

- 23) How does your organization determine the quantity of contraceptives needed?

- 24) Do service providers or clinics operated by your organization ever run out of supplies? Yes ____ No ____

- 25) Is your supplier ever short or out of supplies? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Initial Visit).



2G. Financial Management

26) Does your organization rely on external funding? Yes ____ No ____

26.1) (If yes) How will you assure the continuation of the family planning project after external funding dries up?

27) Do your financial records clearly define, record, and balance assets, income, and expenses? Yes ____ No ____

28) Do your financial records distinguish between the costs of your FP project and costs shared with other projects? Yes ____ No ____



2H. Project Monitoring

29) What data do you collect for measuring project results?

30) Who is involved in data collection?

31) How do you use the data you collect?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Initial Visit).

[illegible]

2

Instrument 2: Manager Interview (Initial Visit).

Notes and Summary

[illegible]

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Initial Visit).

Reproductive Health Integration Initiative

Instrument**3: Supervisor Interview**
*(Initial Visit)***Instrument
Objectives**

- 1) Assess the training and qualifications of supervisors
- 2) Monitor staff involvement in program review planning
- 3) Identify obstacles experienced by supervisors to delivering family planning services

3*** General Information**Date of review _____
Day Month Year

Name of interviewer _____

Name of supervisor _____

Location of supervisor _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 3: Supervisor Interview (Initial Visit).

3A. Staff History and Affiliation with NGO

- 1) What qualification do you hold?
 - a) Community based worker _____
 - b) Counselor _____
 - c) Midwife _____
 - d) Nurse _____
 - e) Medical doctor _____
 - f) Other _____
- 2) Does your written job description reflect your responsibilities? Yes _____ No _____

** Interviewer, ask to see a copy of the supervisor's job description.*
- 3) Interviewer, did the supervisor show you a copy of his/her job description? Yes _____ No _____
- *4) How long have you been working as a supervisor for this NGO? _____ Months _____ Years
- 5) Describe your previous supervisory responsibilities.

3B. Knowledge of Family Planning

- 6) What does the term family planning mean to you?

- 7) Why is family planning important for your community?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 3: Supervisor Interview (Initial Visit).



3C. Training and Experience

8) Have you been trained in family planning? Yes ____ No ____

8.1) (If yes) Please describe any family planning training you have received in the last 5 years.

Year _____

Duration _____

Topics _____

9) Have you been trained in supervision? Yes ____ No ____

9.1) (If yes) Please describe any supervisory training you have received in the last 5 years.

10) If you have not received training in family planning and/or supervision, please explain how you acquired your knowledge/skills.

11) As a supervisor, what problems have you faced?

11.1) Please describe how you dealt with these problems?

12) Please describe how you conduct supervisory visits.

* Questions or sections preceded by an asterisk are informational only and should not be scored.

12.1) Supervisory activities:

12.2) Frequency of supervisory activities:

13) What guidance or checklist do you use to assist you in supervisory visits (i.e., tool, forms, or checklists)?

14) What problems do service providers experience?



3D. Record Review and Reporting

15) What information do you collect or review to determine how well service providers are performing?

- | | | |
|-----------------------|----------|---------|
| a) New clients | Yes ____ | No ____ |
| b) Drop-out clients | Yes ____ | No ____ |
| c) Continuing clients | Yes ____ | No ____ |
| d) Stock-outs | Yes ____ | No ____ |
| e) Other | _____ | |

16) What records do you review when conducting a supervisory visit to a service provider?

17) What do you learn from reviewing this information?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 3: Supervisor Interview (Initial Visit).

3E. Ordering, Stocking and Distributing Supplies

- 18) Describe the plan for distributing contraceptive supplies to service providers.

- 19) Describe the contraceptive supply storage area.

- 20) How do you determine the quantity of contraceptives to order from your supplier?

3F. Partnerships

- 21) Do you work with others providing family planning services in your program area (i.e., national government, other NGOs, or retail outlets)? Yes ____ No ____

- 21.1) (If yes) Please describe how you work together.

- 22) Do you meet with staff from program referral sites? Yes ____ No ____

- 22.1) (If yes) How often do you meet with them, and what do you discuss?

- 23) Do you meet with representatives of the government health service to discuss family planning? Yes ____ No ____

- 23.1) (If yes) How often do you meet with government representatives, and what do you discuss?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 3: Supervisor Interview (Initial Visit).

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Instrument 3: Supervisor Interview (Initial Visit).

Reproductive Health Integration Initiative

Instrument

4: Community Interview (All Visits)

Instrument Objectives

- 1) Assess the attitudes of community leaders toward family planning activities in their communities
- 2) Assess community leaders' knowledge of family planning
- 3) Evaluate the involvement of community leaders in support of family planning initiatives
- 4) Identify obstacles to family planning at the community level
- 5) Gain insight into the impact of family planning on local communities

* General Information

Date of review _____
Day Month Year

Name of interviewer _____

Name of note taker _____

Name of Community _____

Positions and titles of community representatives present at the meeting
(The note taker or other interviewer should pass around a sheet of paper during the interview for participants to record their positions or titles. Or, names or titles (i.e., community leader, school teacher, or district president) should be recorded before the interview begins):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

Record the number of community members represented at the interview.

- a) How many women _____
- b) How many men _____
- c) How many male youth _____
- d) How many female youth _____
- e) TOTAL representation _____



4A. Knowledge of Family Planning

- 1) What does the term family planning mean to you?

- 2) Where do people in your community go for family planning services?
(check more than one if applicable)
 - a) NGO _____
 - b) Government _____
 - c) Private clinic _____
 - d) Retail outlet _____
 - e) Other _____
- 3) Who provides family planning services?
 - a) Community based provider _____
 - b) Nurse/midwife _____
 - c) Medical doctor _____
 - d) Other _____
- 4) Why does your community need family planning?
 - a) Prevent births _____
 - b) Space births _____
 - c) To provide a consistent supply of contraceptives _____
 - d) Other _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 4: Community Interview (All Visits).

5) Who should receive family planning services?

- a) Married women? _____
- b) Single women? _____
- c) Married men? _____
- d) Single men? _____
- e) Unmarried girls of reproductive age? _____
- f) Unmarried boys of reproductive age? _____
- g) All sexually active people? _____



4B. Community Promotion of Family Planning

6) Do you encourage family planning practices in the community? Yes _____ No _____

6.1) (If yes) What do you do to encourage members of the community to practice family planning?

6.2) (If no) Why don't you encourage family planning in the community?

6.3) Do you have any suggestions for how you could promote family planning?



4C. Community Involvement

7) Does the community have regular meetings with family planning service providers? Yes _____ No _____

7.1) (If yes) Describe who meets and how often.

* Questions or sections preceded by an asterisk are informational only and should not be scored.



4D. Community Satisfaction

- 8) Are the family planning services available in your community at the moment sufficient? Yes ____ No ____
- 9) What suggestions do you have for improving family planning services in your community?

- 10) How has family planning benefited your family or community?

- 11) What concerns do you have, if any, about the presence of family planning in your community?

Notes and Summary

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 4: Community Interview (All Visits).

Organization _____

Date _____

Reproductive Health Integration Initiative

Instrument

5: Service Provider Interview

(Initial Visit)

Instrument Objectives

- 1) Assess the training and qualifications of staff delivering family planning services
- 2) Monitor staff involvement in program review and planning
- 3) Identify obstacles experienced by service providers to delivering family planning services

* General Information

Date of interview _____
Day Month Year

Name of interviewer _____

Name of service provider _____

Location of service provider _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

Instrument 5: Service Provider Interview (Initial Visit).

Staff History and Affiliation with NGO

- 1) What type of service provider are you? _____
(please specify)
- 2) How long have you been working as a FP service provider for this NGO? _____ Months _____ Years
- 3) Have you ever provided health services for any other organization? Yes _____ No _____
- 3.1) (If yes) Which organization and for how long?

- 4) What were your responsibilities when you worked for that organization?

5A. Knowledge of Family Planning

- 5) What does the term family planning mean to you?

- 6) Why is family planning important for your community?

5B. Training

- 7) Have you been trained in family planning? Yes _____ No _____
- 8.) When were you trained? Dates _____
- 8.1) How long was the course? _____ Weeks _____ Months
- 9) What topics were covered in your training?

- *10) In what subjects do you need or want additional training?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 5: Service Provider Interview (Initial Visit).

5C. Supervision

- 11) Who is your supervisor? _____
- 12) How often does your supervisor visit you in your community?
- a) Every 3 months _____
- b) Every month _____
- c) Every week _____
- d) No scheduled times _____
- 13) When did your supervisor last visit? _____
- 14) Please describe what activities take place during a supervisory visit.

(Interviewer should check off the items below when the service provider mentions them. Then, the interviewer may probe the service provider for additional information. Prompted answers should be checked off in the column titled "Answers Prompted").

- | | Answers
Volunteered | Answers
Prompted |
|---|------------------------|---------------------|
| a) Review of client records | _____ | _____ |
| b) Review of contraceptive supply records | _____ | _____ |
| c) Review of contraceptive storage | _____ | _____ |
| d) Observation of client-provider interaction | _____ | _____ |
| e) Meeting with community | _____ | _____ |
| f) Home visit to client | _____ | _____ |
| 15) What problems have you faced? | | |
| a) Time constraints? | Yes _____ | No _____ |
| b) Clients do not need the services you offer? | Yes _____ | No _____ |
| c) Personal discomfort in providing family planning services? | Yes _____ | No _____ |
| d) Other _____ | | |
| 15.1) (If yes) Did anybody help you overcome this/these problem(s)? | Yes _____ | No _____ |
| 15.2) (If yes) Please explain who helped you and how this person helped you overcome this/these problem(s). | | |

* Questions or sections preceded by an asterisk are informational only and should not be scored.

*16) What suggestions, if any, would you make to improve supervision?

5D. Community Support

17) Do you meet with community leaders to discuss family planning? Yes ____ No ____

18) Do community leaders help to promote your services? Yes ____ No ____

18.1) (If yes) How do community leaders help to promote your services?

19) Do community leaders oppose your services? Yes ____ No ____

19.1) (If yes) How do community leaders oppose your services?

5E. Referral and Partnerships

20) Do you refer clients to health facilities for care? Yes ____ No ____

21) Where do you refer clients who need the following services?

a) Injectables (Depo-Provera or Noristerat) _____

b) IUD insertion _____

c) Norplant _____

d) Counseling for tubal ligation and vasectomy _____

e) Tubal ligation/vasectomy _____

f) Follow-up for clients experiencing problems with a method _____

22) Have you met with referral site staff? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

- 23) Do you work with other community outreach workers on family planning issues? (For example, TBAs, community health workers, agricultural extension workers, etc.) Yes ____ No ____

23.1) (If yes) How do you work together on issues related to family planning?



5F. Maintaining Adequate Supplies

- 24) Please give a step-by-step description of how you estimate contraceptive supply needs.

25) How often are your contraceptive supplies restocked? _____

- 26) Do you always have an adequate supply of contraceptives to meet your clients' needs? Yes ____ No ____



5G. Record Review

Interviewer, please ask to see the service provider records and comment on the following:

- 27) Can the service provider describe or map the area he or she serves? Yes ____ No ____

- 28) Has the service provider prepared a potential client register? Yes ____ No ____

*28.1) (If yes) How many people are listed on the potential client register? Number _____

29) What does the service provider do to update the potential client register?

30) What does the service provider do to maintain the potential client register?

* Questions or sections preceded by an asterisk are informational only and should not be scored.

Interviewer, look over the register that lists all active clients to answer the following questions:

*31) How many clients are listed in the active client register? Number _____

32) Are any clients listed more than once in the active client register? Yes _____ No _____

32.1) (If yes) please ask the provider to explain why he or she had listed the clients more than once.

33) If a client is no longer using services, is there a note in the register indicating why the client has stopped? Yes _____ No _____

33.1) (If no) Ask the provider to explain why he or she does not note reasons for discontinuation in the register. Record this explanation below.

34) From looking at the record, are you able to determine which clients are due for a revisit or supply in the next month? Yes _____ No _____

34.1) (If no) Please describe the record.

Notes and Summary

* Questions or sections preceded by an asterisk are informational only and should not be scored.

Organization _____

Date _____

Reproductive Health Integration Initiative

Instrument

6: Client Interview

(All Visits)

Instrument Objectives

- 1) Measure client's knowledge of and attitudes about family planning
- 2) Evaluate the use and availability of family planning services in the community
- 3) Assess the quality of services

* General Information

Date of interview _____
Day Month Year

Name of interviewer _____

Name of provider who supplies client _____

What type of provider is he/she? _____
(please specify)

6

* Questions or sections preceded by an asterisk are informational only and should not be scored.

*6A. Client Information

- 1) Client's gender Male _____ Female _____
- 2) How old are you? _____ Years
- 3) What is your marital status? _____
- 4) Do you have more than one partner? Yes ____ No ____
- 5) Does your partner (or do your partners) have other partners? Yes ____ No ____
- 6) How many children do you have? Number of children: _____

6B. Client Knowledge and Attitude

- 7) What does the term family planning mean to you?

- 8) What family planning methods do you know of?
 - a) Pill _____
 - b) IUD _____
 - c) Injectable _____
 - d) Norplant _____
 - e) Condom _____
 - f) Vaginal foaming tablet _____
 - g) Other(s) _____
- *9) What family planning method do you use? _____
- *10) How long have you been using this method? _____ Weeks _____ Months _____ Years

* Questions or sections preceded by an asterisk are informational only and should not be scored.

6C. Structure of Services

- *11) How long have you been receiving family planning services from this service provider? _____ Months _____ Years
- 12) Does the service provider live in your community? Yes _____ No _____
- *13) Where do you meet with the service provider for services or counseling?
- a) My home _____
 - b) Clinic _____
 - c) Provider's home _____
 - d) Other _____
- 14) How often do you meet with the service provider for services or counseling?
- a) Weekly _____
 - b) Monthly _____
 - c) Every three months _____
 - d) Other _____
- *15) How/where did you first meet this provider?
- a) At clinic _____
 - b) Home visit by provider _____
 - c) Referred _____
- Who referred you? _____
- d) Other _____

6D. Availability of Supplies

- 16) How often does your service provider have the supplies you need?
- a) Always _____
 - b) Usually _____
 - c) Sometimes _____
 - d) Rarely _____
 - e) Never _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 6: Client Interview (All Visits).

6E. Technical Competence

17) How did you select the method you are currently using? _____

*18) What factors most influenced your choice of contraceptive method?

a) Advice/counseling by service provider/nurse _____

b) Advice of a friend _____

c) Concern about side effects _____

d) Desire to have an interval before the birth of next child _____

e) Desire to stop having children _____

f) Other _____

19) After you received your family planning method, did the service provider explain how to use the method? Yes ____ No ____

19.1) (If yes) What did she or he tell you? _____

20) Did the service provider explain possible side effects of the method and their management? Yes ____ No ____

20.1) (If yes) Please describe. _____

21) At the end of your last visit, did the service provider arrange to meet you again? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.



6F. Client Satisfaction

22) Are you satisfied with the services you are receiving? Yes ____ No ____

*22.1) (If no) What would you change?

*23) Are you paying for contraceptives? Yes ____ No ____

23.1) (If yes) Do you feel you are paying a reasonable price? Yes ____ No ____

*23.2) (If no) Would you be willing to pay for contraceptives? Yes ____ No ____

24) Have you recommended family planning to anybody else? Yes ____ No ____

24.1) (If yes) Why did you recommend FP?

Notes and Summary

[illegible]

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 6: Client Interview (All Visits).

Reproductive Health Integration Initiative

Instrument 7: Service Provider— New Client Observation (All Visits)

Instrument Objectives

- 1) Assess the overall quality of service delivery
- 2) Identify obstacles to effective service delivery
- 3) Identify strengths and weaknesses of family planning service delivery
- 4) Evaluate client's receptivity to and knowledge of family planning
- 5) Verify that family planning information is clearly delivered by service providers and that client concerns are addressed

* General Information

Date of observation _____
Day Month Year

Name of observer _____

Location of observation _____

Name of service provider _____

What type of provider is he/she? Specify: _____

Gender of client: Male _____ Female _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.



7A. Counseling at Session Opening

- 1) At the beginning of the consultation, did the service provider:
 - a) Greet the client? Yes ____ No ____
 - b) Treat the client respectfully? Yes ____ No ____
 - c) Arrange for privacy? Yes ____ No ____
- 2) Did the service provider ask the client:
 - a) If she is breastfeeding? Yes ____ No ____
 - b) If he or she has a history of high blood pressure? Yes ____ No ____
 - c) Whether he or she has a regular partner? Yes ____ No ____
 - d) What his or her future childbearing plans are? Yes ____ No ____
 - e) What family planning methods he or she knew of or used? Yes ____ No ____
 - f) About his or her interest in a particular family planning method? Yes ____ No ____
- 3) During the consultation, did the service provider:
 - a) Discuss the client's health? Yes ____ No ____
 - b) Acknowledge and respond to the client's concerns? Yes ____ No ____
 - c) Clarify any misinformation the client may have had about FP? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

7B. Knowledge and Presentation

- 4) During the consultation, did the service provider discuss each or any of these topics? (Check off the appropriate lines)

	How It Is Used or Given	Management of Side Effects	Advantages	Disadvantages
Pill	_____	_____	_____	_____
IUD	_____	_____	_____	_____
Injectable	_____	_____	_____	_____
Implant	_____	_____	_____	_____
Foaming Tablet	_____	_____	_____	_____
Condom	_____	_____	_____	_____
Tubal Ligation/ Vasectomy	_____	_____	_____	_____
LAM	_____	_____	_____	_____
Natural FP	_____	_____	_____	_____

- 5) Did the service provider use any visual materials while describing the methods? Yes _____ No _____

- 5.1) (If yes) What type of visual material did he or she use?

- 6) Did the service provider give any misinformation about the methods? Yes _____ No _____

- 6.1) (If yes) Describe the misinformation.

- 7) Did the service provider assist the client to select an appropriate method? Yes _____ No _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

- 8) Please explain how the provider guided the client away from inappropriate methods. (For example, reasons for not recommending COC pills are breastfeeding and history of high blood pressure; reasons for not recommending IUD are multiple partners or history of STDs.)

- 9) Did the service provider offer a back-up method when recommending pills or referring the client for other FP methods? Yes ____ No ____

- 10) Did the service provider encourage the client to participate in choosing a method? Yes ____ No ____



7C. Availability of Supplies

- *11) What is the client's selected method?

- 12) Was the client's chosen method of family planning given to him or her today? Yes ____ No ____

- 12.1) (If no) Why was the method not available?

- a) Health reasons _____
- b) Method not available at site _____
- c) Out of stock _____
- d) Told to talk to spouse or partner _____
- e) Referred to another service provider or clinic _____
- f) Other _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

7D. Counseling at Session Closing

- 13) Before ending the consultation, did the service provider
- a) Schedule a follow-up appointment? Yes ____ No ____
 - b) Tell the client to come back at any time if there were any problems? Yes ____ No ____
 - c) Refer the client for further family planning services if needed? Yes ____ No ____
 - c.1) (If yes) where was the client referred? _____
- 14) Did the service provider:
- a) Treat the client respectfully? Yes ____ No ____
 - b) Speak clearly? Yes ____ No ____
 - c) Use words the client understood? Yes ____ No ____
 - d) Use a kind and friendly tone of voice? Yes ____ No ____
 - e) Listen attentively? Yes ____ No ____
 - f) Permit the client to ask questions? Yes ____ No ____
 - g) Take the client's questions and concerns seriously and answer them knowledgeably? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

Notes and Summary

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 7: Service Provider New Client Observation (All Visits).

Reproductive Health Integration Initiative

Instrument

8: Service Provider— Continuing Client Observation *(All Visits)*

Instrument Objectives

- 1) Assess the overall quality of service delivery
- 2) Identify obstacles to effective service delivery
- 3) Identify strengths and weaknesses of family planning service delivery
- 4) Evaluate client's receptivity to and knowledge of family planning
- 5) Verify that family planning information is clearly delivered by service providers and that client concerns are addressed.

* General Information

Date of observation _____
Day Month Year

Name of observer _____

Location of observation _____

Name of service provider _____

What type of provider is he/she? Specify: _____

Gender of client: Male _____ Female _____

8

* Questions or sections preceded by an asterisk are informational only and should not be scored.

8A. Counseling at Session Opening

- 1) At the beginning of the consultation, did the service provider:
 - a) Greet the client? Yes ____ No ____
 - b) Treat the client respectfully? Yes ____ No ____
 - c) Arrange for privacy? Yes ____ No ____
- 2) During the consultation, did the service provider:
 - a) Refer to the client's records? Yes ____ No ____
 - b) Ask about problems with the client's current family planning method? Yes ____ No ____
 - c) Ask about client's satisfaction with current family planning method? Yes ____ No ____
 - d) Ask if the client has any changes in childbearing plans? Yes ____ No ____
- 3) During the consultation, did the service provider:
 - a) Discuss the client's health? Yes ____ No ____
 - b) Acknowledge and respond to the client's concerns? Yes ____ No ____

8B. Knowledge and Presentation

- 4) Did the client express interest in changing methods? Yes ____ No ____

(If yes, fill out questions 5-11. If no, skip to question 12)

- 5) When the client expressed interest in changing methods, did the service provider discuss each or any of these methods with the client?

(Check off the appropriate lines)

	How It Is Used or Given	Management of Side Effects	Advantages	Disadvantages
Pill	_____	_____	_____	_____
IUD	_____	_____	_____	_____

* Questions or sections preceded by an asterisk are informational only and should not be scored.

	How It Is Used or Given	Management of Side Effects	Advantages	Disadvantages
Injectable	_____	_____	_____	_____
Implant	_____	_____	_____	_____
Foaming Tablet	_____	_____	_____	_____
Condom	_____	_____	_____	_____
Tubal Ligation/ Vasectomy	_____	_____	_____	_____
LAM	_____	_____	_____	_____
Natural FP	_____	_____	_____	_____

6) Did the service provider use any visual materials while describing the methods? Yes ____ No ____

6.1) (If yes) What type of visual material did he or she use?

7) Did the service provider give any misinformation about the methods? Yes ____ No ____

7.1) (If yes) Describe the misinformation.

8) Did the service provider assist the client to select an appropriate method? Yes ____ No ____

9) Please explain how the provider guided the client away from inappropriate methods. (For example, reasons for not recommending COC pills are breastfeeding and history of high blood pressure; reasons for not recommending IUD are multiple partners or history of STDs.)

* Questions or sections preceded by an asterisk are informational only and should not be scored.

- 10) Did the service provider offer a back-up method when recommending pills or referring the client for other FP methods? Yes ____ No ____
- 11) Did the service provider encourage the client to participate in choosing a method? Yes ____ No ____

8C. Availability of Supplies

- *12) What is the client's selected method? _____
- 13) Was the client's chosen method of family planning given to him or her today? Yes ____ No ____
- 13.1) (If no) Why was the method not given?
- a) Health reasons _____
 - b) Method not available at site _____
 - c) Out of stock _____
 - d) Told to talk to spouse or partner _____
 - e) Referred to another service provider or clinic _____
 - f) Other _____

8D. Counseling at Session Closing

- 14) Before ending the consultation, did the service provider
- a) Schedule a follow-up appointment? Yes ____ No ____
 - b) Tell the client to come back at any time if there are any problems? Yes ____ No ____
 - c) Refer the client for further family planning services if needed? Yes ____ No ____
 - c.1) (If yes) Where was the client referred? _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 8: Service Provider—Continuing Client Observation (All Visits).

15) Did the service provider:

- | | | |
|--|----------|---------|
| a) Treat the client respectfully? | Yes ____ | No ____ |
| b) Speak clearly? | Yes ____ | No ____ |
| c) Use words that the client understood? | Yes ____ | No ____ |
| d) Use a kind and friendly tone of voice? | Yes ____ | No ____ |
| e) Listen attentively? | Yes ____ | No ____ |
| f) Permit the client to ask questions? | Yes ____ | No ____ |
| g) Take the clients questions and concerns seriously
and answer them knowledgeably? | Yes ____ | No ____ |

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 8: Service Provider—Continuing Client Observation (All Visits).

Notes and Summary

[illegible]

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 8: Service Provider—Continuing Client Observation (All Visits).

Organization _____

Date _____

Reproductive Health Integration Initiative

Instrument

1: Record Review

(Follow-up Visit)

Instrument Objectives

To verify that problems identified in previous reviews have been addressed

1

* General Information

Date of review _____
Day Month Year

Name of reviewer _____

Name of organization _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Follow-up Visit).

1A. Deciding to Integrate Family Planning

- *1) What problems or weaknesses were identified in this section during the previous review?

- 2) Have each of the above issues been addressed? Yes ____ No ____

- 3) What issues are still in need of improvement?

1B. Community Participation and Planning

- *4) What problems or weaknesses were identified in this section during the previous review?

- 5) Have each of the above issues been addressed? Yes ____ No ____

- 6) What issues are still in need of improvement?

1C. Project Strategy and Sustainability

- *7) What problems or weaknesses were identified in this section during the previous review?

- 8) Have each of the above issues been addressed? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Follow-up Visit).

- 9) What issues are still in need of improvement?

1D. Partnerships

- *10) What problems or weaknesses were identified in this section during the previous review?

- 11) Have each of the above issues been addressed? Yes ____ No ____

- 12) What issues are still in need of improvement?

1E. Project Monitoring

- *13) What problems or weaknesses were identified in this section during the previous review?

- 14) Have each of the above issues been addressed? Yes ____ No ____

- 15) What issues are still in need of improvement?

1F. Staffing and Supervision

- *16) What problems or weaknesses were identified in this section during the previous review?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Follow-up Visit).

17) Have each of the above issues been addressed? Yes ____ No ____

18) What issues are still in need of improvement?



1G. Supply System Plan and Structure

*19) What problems or weaknesses were identified in this section during the previous review?

20) Have each of the above issues been addressed? Yes ____ No ____

21) What issues are still in need of improvement?



1H. Financial Management

*22) What problems or weaknesses were identified in this section during the previous review?

23) Have each of the above issues been addressed? Yes ____ No ____

24) What issues are still in need of improvement?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Follow-up Visit).

Notes and Summary

1

Notes and Summary

[illegible]

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 1: Record Review (Follow-up Visit).

Instrument

2: Manager Interview

(Follow-up Visit)

Instrument Objectives

- 1) To verify the existence of management systems and procedures to support program implementation including:
 - a) Staff supervision
 - b) Service delivery
 - c) Contraceptive supplies
 - d) Project finances
- 2) To assure that problems highlighted in previous reviews are being addressed and that project management is improving.

* General Information

Date of review _____
Day Month Year

Name of reviewer _____

Name of organization _____

Name of manager _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).



Progress Update

1) Did you learn anything about the project as a result of the last review? Yes ____ No ____

1.1) (If yes) Please describe what you learned.

2) Have you made any changes since the last project review? Yes ____ No ____

2.1) (If yes) Please describe any changes you have made in:

a) Strategy _____

b) Record keeping _____

c) Supply system _____

d) Community involvement _____

e) Partnerships _____

f) Sustainability _____

g) Structure of services _____

h) Staffing or training _____

i) Other _____

3) Do you need any additional technical support in the following areas (please describe the support needed in the space provided)?

a) Strategy _____

b) Record keeping _____

c) Supply system _____

d) Community involvement _____

e) Partnerships _____

f) Sustainability _____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).

g) Structure of services _____

h) Staffing or training _____

i) Other _____

2A. Deciding to Integrate Family Planning

Interviewer says: You may have been asked these questions before, but I would like to ask them again if you don't mind.

4) What does the term family planning mean to you?

5) Why is it important for your organization to provide family planning?

6) Are you familiar with national policy and technical guidance for family planning? Yes ____ No ____

2B. Community Interest

7) Do members of your organization meet with community leaders or community committees? Yes ____ No ____

7.1) (If yes) What are the main objectives for meetings with community leaders and/or committees?

7.2) (If yes) How often do these meetings occur?

8) Do community leaders express interest and participate in family planning? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).

8.1) (If yes) Give examples.

9) Has community interest and participation in the family planning project changed since the last review? Yes ____ No ____

9.1) (If yes) How has interest and participation changed?



2C. Partnerships

10) Please describe your partners and how you collaborate.

Partners

Collaboration

<hr/>	<hr/>
<hr/>	<hr/>

11) How have your partnerships changed since the last review?



2D. Project Strategy and Sustainability

12) Please describe the project's plans for continuing family planning services after project funding ends.

13) Do you conduct any activities that are designed to generate income for the family planning project? Yes ____ No ____

13.1) (If yes) Briefly describe the current status of the plans for income generation.

14) Did the last review find that you were having problems with financial sustainability? Yes ____ No ____

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).

14.1) (If yes) Please describe these problems and how you have addressed them, or plan to address them.



2E. Staff Management

15) Have any of the staff received training since the last review? Yes ____ No ____

15.1) (If yes) Please describe which category of staff received training and the type of training given.

16) Are there plans for future training sessions? Yes ____ No ____

16.1) (If yes) Please describe these plans.

17) Do you have any staffing problems? Yes ____ No ____

17.1) (If yes) Please explain these problems briefly.

18) Do you have a procedure for evaluating the performance of supervisors? Yes ____ No ____

18.1) (If yes) Please describe this procedure.

18.2) Please describe any changes you have noticed in the supervisor's performance since the last review?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).

19) Do you have a procedure for evaluating the performance of service providers? Yes ____ No ____

19.1) (If yes) Please describe this procedure.

*19.2) Please describe any changes you have noticed in the performance of service providers since the last review.



2F. Supply System Maintenance

20) Do service providers or clinics that work with your program ever run out of supplies? Yes ____ No ____

21) Is your supplier ever short or out of supplies? Yes ____ No ____



2G. Financial Management

22) Have you conducted a budget review? Yes ____ No ____

22.1) (If yes) Did you identify any problems? Yes ____ No ____

22.2) (If yes) What is your plan for dealing with these problems?



2H. Project Monitoring

23) What data do you collect for measuring project results?

24) Who is involved in data collection?

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).

25) How do you use the data you collect?

26) Have you measured your project achievements to date? Yes ____ No ____

26.1) (If yes) Please describe the achievements of the project.

*27) How would you rate the success of your program up to this point?

- a) Very successful _____
- b) Successful _____
- c) Moderately successful _____
- d) Problematic _____
- e) A failure _____

*28) Please explain your answer.

[illegible]

* Questions or sections preceded by an asterisk are informational only and should not be scored.
Instrument 2: Manager Interview (Follow-up Visit).

Reproductive Health Integration Initiative

Instrument

3: Supervisor Interview (Follow-up Visit)

Instrument Objectives

- 1) Re-assess the training and qualifications of supervisors
- 2) Monitor staff involvement in program review planning
- 3) Identify obstacles experienced by supervisors to delivering family planning services

* General Information

Date of interview _____
Day Month Year

Name of interviewer _____

Name of supervisor _____

Location of supervisor _____

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Instrument 3: Supervisor Interview (Follow-up Visit).

3A. Staff History and Affiliation with NGO

1) How long have you been working as a supervisor for this NGO? _____Months _____Years

2) Have your supervisory responsibilities changed at all in the last six months? Yes_____ No_____

2.1) (If yes) Please describe how your responsibilities have changed.

3) Does your written job description reflect your responsibilities? Yes_____ No_____

Interviewer: Ask to see a copy of the supervisor's job description.

4) Interviewer: Were you able to see a copy of the job description? Yes_____ No_____

3B. Knowledge of Family Planning

Interviewer says: You may have been asked the following questions before, but I would like to repeat them if you don't mind.

5) What does the term family planning mean to you?

6) Why is family planning important for your community?

3C. Training and Experience

7) Have you been trained in family planning or supervision since

(Date of last review) _____? Yes_____ No_____

If no training was provided proceed to question 10.

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Instrument 3: Supervisor Interview (Follow-up Visit).

8) Please describe this training.

9) How has training contributed to your knowledge of family planning and/or supervision?

10) As a supervisor, what problems have you faced?

10.1) Please describe how you dealt with these problems?

11) What do you do during supervisory sessions?

11.1) Supervisory activities:

11.2) Frequency of supervisory activities:

12) What guidance or checklists do you use to assist you in supervisory visits? (tools, forms, checklists etc)

13) What problems do service providers experience?

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Instrument 3: Supervisor Interview (Follow-up Visit).

3D. Record Review and Reporting

14) What information do you collect or review to determine how well service providers are performing?

a) New clients Yes ____ No ____

b) Drop-out clients Yes ____ No ____

c) Continuing clients Yes ____ No ____

d) Stock-outs Yes ____ No ____

e) Other _____

15) What records do you review when conducting a supervisory visit to a service provider?

16) What do you learn from reviewing this information?

3E. Ordering, Stocking and Distributing Supplies

17) Describe the system for distributing contraceptive supplies to service providers.

18) Describe the contraceptive supply storage area.

19) How do you determine the quantity of contraceptives to order from your supplier?

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3F. Partnerships

- 20) Do you work with others providing family planning services in your program area (i.e., national government, other NGOs, or retail outlets)? Yes ____ No ____

20.1) (If yes) Please describe how you work together.

- 21) Do you meet with staff from program referral sites? Yes ____ No ____

21.1) (If yes) How often do you meet with them and what do you discuss?

- 22) Do you meet with representatives of the government health service to discuss family planning? Yes ____ No ____

22.1) (If yes) How often do you meet with government representatives and what do you discuss?

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3G. Community Participation

- 23) Do you meet with community leaders/committees to discuss the family planning program? Yes ____ No ____

23.1) (If yes) how often do you meet with community leaders/members?

- 24) In what other ways do you work with community members on family planning?
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- 25) Have you introduced the service providers to community leaders in their catchment areas? Yes ____ No ____

- 26) Do you have discussions with community leaders/members about how they can help providers promote family planning? Yes ____ No ____

26.1) (If yes) Please describe any changes in how the community promotes family planning.

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Instrument 3: Supervisor Interview (Follow-up Visit).

Instrument

Instrument Objectives

- 1) Re-assess the training and qualifications of staff delivering family planning services
- 2) Monitor staff involvement in program review and planning
- 3) Identify obstacles experienced by service providers to delivering family planning services

5

Name of interviewer _____

Name of service provider _____

Location of service provider _____

How long have you been working as a FP service provider for this NGO? _____ Months _____ Years

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5A. Knowledge of Family Planning

Interviewer says: You may have been asked the following questions before, but I would like to repeat them if you don't mind.

- 1) What does the term family planning mean to you?

- 2) Why is family planning important for your community?

5B. Training

- 3) Have you been trained in family planning or supervision since

(Date of last review) _____? Yes _____ No _____

- 3.1) (If yes) how long was the course? _____ Weeks _____ Months

- 3.2) (If no) proceed to question 6.

- 4) What topics were covered in your training?

- *5) In what subjects do you need or want additional training?

5C. Supervision

- 6) Who is your supervisor? _____

- 7) How often does your supervisor visit you in your community?

- a) Every 3 months _____
- b) Every month _____
- c) Every week _____
- d) No scheduled times _____

- 8) When did your supervisor last visit? _____

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9) Please describe what activities take place during a supervisory visit.

(Interviewer should check off the items below when the service provider mentions them. Then, the interviewer may probe the service provider for additional information. Prompted answers should be checked off in the column titled "Answers Prompted").

	Answers Volunteered	Answers Prompted
a) Review of client records	_____	_____
b) Review of contraceptive supply records	_____	_____
c) Review of contraceptive storage	_____	_____
d) Observation of client-provider interaction	_____	_____
e) Meeting with community	_____	_____
f) Home visit to client	_____	_____

10) Since (Date of last review) _____, have you faced the following problems?

a) Time constraints?	Yes _____	No _____
b) Clients do not need the services you offer?	Yes _____	No _____
c) Personal discomfort in providing family planning services?	Yes _____	No _____
d) Other _____		

10.1) (If yes) Did anybody help you overcome this/these problem(s)? Yes _____ No _____

10.2) (If yes) Please explain who helped you and how this person helped you overcome this/these problem(s).

11) Have your meetings with your supervisor changed in the last six months? Yes _____ No _____

11.1) Please describe these changes.

*12) What suggestions, if any, would you make to improve supervision?

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5D. Community Support

- 13) Since (Date of last review) _____, have you meet with community leaders to discuss family planning? Yes ____ No ____
- 14) Do community leaders help to promote family planning services? Yes ____ No ____
- 14.1) (If yes) How do community leaders help to promote family planning services?

- 15) Do community leaders oppose family planning services? Yes ____ No ____
- _____
- 15.1) (If yes) How do community leaders oppose your services?

5E. Referral and Partnerships

- 16) Do you refer clients to health facilities for care? Yes ____ No ____
- 17) Where do you refer clients who need the following services?
- a) Injectables (Depo-Provera or Noristerat) _____
 - b) IUD insertion _____
 - c) Norplant _____
 - d) Counseling for tubal ligation and vasectomy _____
 - e) Tubal ligation/vasectomy _____
 - f) Follow-up for clients experiencing problems with a method _____
- 18) Have you met with referral site staff since
(Date of last review) _____? Yes ____ No ____
- 19) Do you work with other community outreach workers on family planning issues? (For example, TBAs, community health workers, agricultural extension workers, etc.) Yes ____ No ____

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Instrument 5: Service Provider Interview (Follow-up Visit).

19.1) (If yes) How do you work together on issues related to family planning?

5F. Maintaining Adequate Supplies

20) Please give a step-by-step description of how you estimate contraceptive supply needs.

21) How often are your contraceptive supplies restocked? _____

22) Do you always have an adequate supply of contraceptives to meet your clients' needs? Yes _____ No _____

5G. Record Review

Interviewer, please ask to see the service provider's records and comment on the following:

23) Can the service provider describe or map the area he or she serves? Yes _____ No _____

24) Has the service provider prepared a potential client register? Yes _____ No _____

*24.1) (If yes) How many people are listed on the potential client register? Number _____

25) What does the service provider do to update the potential client register?

26) Does the provider maintain a list/register of active clients? Yes _____ No _____

Interviewer, look over the register that lists all active clients to answer the following questions:

*27) How many clients are listed in the active client register? Number _____

28) Are any clients listed more than once in the active client register? Yes _____ No _____

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28.1) (If yes) please ask the provider to explain why he or she had listed the clients more than once.

29) If a client is no longer using services, is there a note in the register indicating why the client has stopped? Yes ____ No ____

29.1) (If no) Ask the service provider to explain why he or she does not note reasons for discontinuation in the register. Record this explanation below.

30) From looking at the record, are you able to determine which clients are due for a revisit or supply in the next month? Yes ____ No ____

30.1) (If no) Please describe the record.

Notes and Summary

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Instrument 5: Service Provider Interview (Follow-up Visit).



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